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Bulgaria Elderly Pensioner Community Research Project

Research Report

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Prepared by
American Red Cross
Bulgaria Red Cross
Vitoshka Research



American
Red Cross



Vitoshka
Research



Prepared by:

**American Red Cross
Bulgarian Red Cross**
VITOSHA RESEARCH



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A. EXECUTIVE SUMMARY

Introduction

In order to better identify the needs of elderly pensioners and potential community solutions, the American Red Cross (ARC) in full partnership with the Bulgarian Red Cross (BRC) and Vitosha Research conducted research throughout all 28 administrative regions of Bulgaria.

This research, largely funded by the United States Agency for International Development (USAID) – Bulgaria Mission, was conducted between February and March 2002. Quantitative data using previously tested instruments measuring various food access, consumption, and positive as well as negative coping mechanisms were collected from over 1,000 households in 22 regions of the country. Qualitative data (focus groups, key informant/in-depth interviews and a group interview) were collected in 6 regions in order to better understand quantitative vulnerability trends as well as to capture feedback on potential community solutions to the challenges affecting elderly pensioners.

The American and Bulgarian Red Cross organizations have been collaborating to provide supplemental food aid support to elderly pensioners throughout Bulgaria since 1997. Initial support was provided (1997 - 1999) by USAID/Food For Peace (FFP) Emergency Division and targeted 100,000 elderly pensioners in all 28 regions of the country. In 2002, USDA will provide commodity support allowing ARC and the BRC to meet the supplemental food aid needs of 50,000 elderly pensioners in 22 regions of the country. However, it has been recognized that this external support is insufficient to comprehensively meet the on-going needs of elderly pensioners in a sustainable manner. Hence, with USAID support, the Bulgarian and American Red Cross worked with Vitosha Research and BRC volunteers to collect qualitative and quantitative data to help determine more sustainable options for improving the quality of life for this vulnerable group.

The American and Bulgarian Red Cross will use the data, along with the participation and input of the communities they serve to create new programs targeting the elderly in the six regions unserved by the USDA program (Drobich, Lovech, Pazardjik, Pleven, Shumen, and Stara Zagora).

These research findings will be shared with local and National Bulgarian Ministries, USAID, international organizations, local and international NGOs, foundations, business leaders and other stakeholders interested in working together to design new models to better meet the needs of elderly pensioners in Bulgaria.

- Data Collection Objectives and Methods

Objectives: Through various quantitative and qualitative research methods, determine:

- Food consumption and expenditure patterns
- Positive and negative coping mechanisms
- Food security (purchasing power plus food stores)
- Self-reported priority needs of low-income elderly pensioners
- Community-reported priority needs of low-income elderly pensioners
- Potential community-supported solutions to identified needs

Data Collection Design: Quantitative

- **Modified consumption/expenditure household survey** of 1,023 elderly pensioners meeting the following criteria:
 - Over 65 years of age
 - Monthly income of 50 BGL or less, and who met **one** of more of the following criteria:
 - Living alone
 - Disabled
 - Supporting one or more unemployed persons with their household
 - Do not receive financial or material support from friends or relatives
 - Do not own land

Data Collection Design: Qualitative

- **Secondary data collection** (desk research) – to determine priority pensioner needs; current and planned support to elderly pensioners
- **Key-informant (in-depth) interviews** - with community leaders (e.g. mayor, health professionals, municipal social assistance centers employees, NGO and business leaders)
- **Focus Groups** - with elderly pensioners over the age of 65 earning 65 BGL per month or less

Data Collection Period

Household Survey	February 16 – 28, 2002
Secondary Data Collection	February – March 2002
Key-informant Interviews	February 18 – 22, 2002
Focus Groups	February 18 – 22, 2002

3. Main Research Findings

- Self-Reported Needs

- When asked to name their single most urgent need, low income pensioners reported food (36%), utility assistance (26%) and medical assistance (26%); there were some urban/rural differences however; In Urban areas, those citing Food as the primary need (40%) was larger than those in rural areas (31%); in rural areas in general those citing food, medical and utility assistance were nearly evenly divided in each of these categories

b. Meal frequency is average (three eating occasion per day for the majority), but diet variety of elderly pensioners remains low.

- Meat, poultry and fish products were not purchased at all during the month of January for 58% of those surveyed
- Consumption of fruits and vegetables (fresh and canned) is also very low (only a few times per week); however consumption of these items is slightly higher for those in rural areas vs. urban
- The average diet for the majority of pensioners consists of bread and potatoes (starch), oil (fat) and some dairy products (cheese, yogurt)

c. Food Availability

- Fourteen (14) percent of those surveyed reported going one or more days without food in the month of January because there was nothing available to eat; 3.7 percent went five or more days without eating because there was nothing available

d. Elderly pensioners are utilizing some negative coping mechanisms, including:

- Not heating their homes; 13% were unable to heat their homes for some time because they could not afford it; the majority of these went without heat for between two days and two weeks this previous winter; nearly 15% of these went without heat between two and four weeks
- Not heating part of their homes (22%) or reducing # of hours of heat (37%)
- Refraining from visiting medical professional due to high costs
- Not purchasing all needed medications due to high costs

- Not able/not willing to pay taxes in full (property, garbage collection, etc)
- e. Some coping mechanisms are *not* available to this group, including:
- Receiving support from family and friends (76% do not received any financial or material assistance from family or friends)
 - Savings to spend - 91% of respondents have no savings to spend
 - Support from other humanitarian organizations or local soup kitchens; over 96% have *not* received this type of assistance during the month of January 2002
 - Selling off a possessions to increase personal income;
- f. Low-income Pensioner Interests – In general, elderly pensioners:
- *Are* interested in health screenings (80%) and would appreciate more courteous care from doctors and medical personnel
 - *Are not* interested in weekly social events or field trips (69%) or educational courses (83%)
 - *Are split* on social visits to their homes; 43% are interested while 40% are not interested in such visits
 - Pursue social and shopping activities; 30% got out of the house during the month of January between one and 10 times; However, 20% are completely housebound while 22% are only able to get out to shop; However, the majority (83%) did receive regular i.e. weekly visits from family and friends during the month of January
 - Are viewed by their communities, as indicated by the in-depth interviews, to be severely lonely and deprived of social contacts, even suffering from depression and having suicidal tendencies. Further investigation is warranted to determine the reasons for the discrepancies in findings
 - The preferred models of assistance in relation to pensioners' limited financial capacity for satisfying their daily wants: "delivery of certain amount of money" or "partial coverage of pensioners' bills for electricity, heating, and water," as well as the provision of cheaper services for household repairs and maintenance. The social assistance benefits provided by the social assistance services are considered insufficient by the pensioners.
- g. Availability of Social Welfare Services has improved:
- However, in general, key-informants as well as elderly pensioners involved in focus groups felt that many of the

available services (utility assistance, social patronage including cooking/meal delivery and house-cleaning) were inadequate in terms of the numbers able to be served by the system and by the quality of the service

- Key-informants (business, government and community leaders) in general felt that services offered to low-income pensioners were satisfactory, however some business leaders would be willing to lend support to improve or expand services if others (e.g. NGOs, Red Cross) were also willing to get more involved
- In addition to expanding social services (types and eligibility criteria) available to pensioners, information campaigns should be held to better inform pensioners of available services

4. Initial Recommendations

Additional data analysis is recommended followed by Town Hall Meetings bringing together elderly pensioners, their families, local ministries and other key community groups and leaders to begin to design municipal-specific solutions to the challenges identified in this research. The American and Bulgarian Red Cross's have such meetings planned for May and June 2002 and will actively seek the participation of all interested stakeholders.

- Greater communication, coordination and collaboration among government, local, national and international institutions/organizations and businesses is required to more efficiently meet the needs of elderly pensioners. Stronger local partnerships between the Red Cross, business community, various government ministries and international and local NGOs, foundations and others is highly encouraged; in general it was noted that communities have resources to help address such needs but that potential is significantly under-utilized
- **The community's potential and resources are considered satisfactory, though insufficiently utilized.** According to the respondents, the main obstacles preventing the more profound involvement of the local community stem from three primary sources. One, it is the general economic problems in the country and in the studied settlements; two it is the lack of an adequate normative framework, promoting and encouraging charity and donation activities. Third, it is the lack of proper communication and coordination among various social subjects, as well as the shift of public attention (and more specifically that of the non-governmental organizations) to some other issues and away of pensioners' problems
- Support models should be regionally tailored to address local needs and should involve significant beneficiary and community

input; ‘cookie-cutter’ approaches are not recommended as they would not maximize the interest and support of local community and business leaders

- Support models should take a more developmental approach by thinking longer term (multi-year) and addressing the causes of these problems rather than just the effects; qualitative research participants noted that interventions should last at least 2 –3 years
- If the Red Cross and other stakeholders are interested in meeting the Food Security needs of elderly pensioners, they should:
 - Explore creative ways to increase fruit, vegetable and protein intake
 - Apply stringent income and other vulnerability criteria to ensure targeting of the most vulnerable as has been done in past distribution programs **if** supplemental food distribution programs are going to be considered¹
 - Furthermore, IF distributions are considered they need to take the following into account:
 - The foodstuffs to be of good quality and to be edible;
 - The foodstuffs to be distributed on home basis by social workers that not only would facilitate the elderly who are not able to go out of their homes, but would reduce queuing up for aids;
 - A very common recommendation is free foodstuffs to be regularly (for example, every month) provided to the poor pensioners, and also the kitchens to supply provisions for the weekends;
 - Particularly for villages, to avoid the delivery of canned fruit and vegetables. It is also recommended that the BRC focus on people diseased of diabetes and the provision of diet food to pensioners according to their diseases.
- Local Ministries and businesses should consider ways to modify their services to better meet the needs and capacities of elderly pensioners; offering special counters where one can pay bills and taxes is but one example. Providing better information using various types of media to inform Pensioners not only of their rights but efficient ways to access services they are entitled to would be a step in the right direction according to the key informants and pensioners taking part in focus group discussions

¹ Targeting criteria for the quantitative survey largely mirrored that of previous food distribution programs with the exception of income; although not directly or solely attributable to income, an increase in pensioner income by 10 BLG per month reveals increased diet variety and meal frequency when compared to previous surveys.

**BULGARIAN ELDERLY PENSIONER PROGRAM
SURVEY**

ANALYTICAL REPORT

APRIL 2002

1. ANALYTICAL SUMMARY

The results of both the quantitative survey and the qualitative data collection (the latter was carried out in six regions – Pazardjik, Lovech, Dobrich, Stara Zagora and Shoumen-consisting of focus groups, in-depth interviews and macro-level secondary data collection) delineate the basic problems and needs of pensioners over 65 with low personal income. Several models potentially meeting those needs were put forward by the elderly people themselves, as well as by the representatives of local administrators, businesspersons, journalists, and social workers.

1.1. PENSIONERS' MAIN PROBLEMS AND NEEDS

The data of both qualitative and quantitative survey confirm that in general pensioners encounter the following main problems:

- **Economic hardships:** low standards of living and low level of consumption; lack of labor opportunities;
- **Financial problems:** insufficient financial means; low pensions; high cost of medicine and goods for meeting basic needs; the problem is further exacerbated by the fact that the majority of surveyed pensioners are solely responsible for supporting and maintaining their households (68.5%);
- **Medical problems:** including ineffective and low-quality health care; poor health status of large part of pensioners; and problems in affording medications;
- **Social problems:** moderate deficiency of social contacts; unequal standing within the society;
- **Administrative and civic problems:** pensioners' inadequate awareness of civil rights and of current changes in the legislation; lack of preferential treatment in the provision of various administrative services.

When asked what was their single most important need, elderly pensioners participating in the quantitative household survey cited: food (35.7%), assistance in paying utilities, such as electricity, heating, etc. bills (26.3%) and medical care and medicines (25.7%).

The staple food cited by the respondents as the most needed and unaffordable for them and their households included: meat and meat products (57.0%); milk and dairy products, mainly white and yellow cheese, (49.9%); fats, mainly cooking oil, (47.5%); fruit and vegetables (45.7%);

The medicines cited as most needed by the pensioners surveyed if distributed refer to 14 groups of diseases. Most often mentioned among the food and nutritive supplements (20.5%) are vitamins and combinations of vitamins (18.2%). Should assistance be provided in the form of free medicines or food supplements, the most needed would be medicines for cardiovascular diseases (63.3%), disturbances of the locomotory system (8.4%) and neurological disorders (6.2%).

In general, there is a common understanding of the priority needs of pensioners shared across surveyed regions. Any observable differences are related mostly to specifics in pensioners' way of life.

Overall, the basic needs of all pensioners can be grouped into three major categories:

- **Basic needs** cover a variety of issues: sufficient means to support oneself and properly maintain a household; regular, nourishing, and wholesome diet; life-sustaining medicines and medicaments; facilitated access to medical specialists and medical services of higher quality; increased mobility and improved access to transportation.
- **Social needs** covering the following issues: social involvement, usefulness and social activity; of social contacts and socialization; of higher social standing and proper treatment by the rest of society; improved social care;
- **Cultural needs** include the need of cultural life, improved access to books, and papers, attendance of movies and theatre plays; other cultural entertainment, tourist trips and excursions

1.2. MECHANISMS AND capacity FOR COPING WITH CRUCIAL SITUATIONS AND OVERCOMING DIFFICULTIES

The results of the quantitative survey reveal that elderly people with low income apply, either willingly or out of necessity, various mechanisms for coping with their strained economic situation. The mechanisms and strategies include the following:

Positive Coping Mechanisms

- **Support by the municipality/social assistance services:** 42.6% of the surveyed pensioners have received at least one type of support from the municipality / social assistance services. One of six respondents has received social assistance benefits that more or less cover the cost of heating. Among all sources of external support, the elderly people from the surveyed target group rely mainly on the state institutions and mostly count on their support to cover costs of heating and electricity.

Negative Coping Mechanisms

- **Maintenance of residence and property taxes:** The majority of the respondents own their own homes (80.2%). The payment of property taxes presents a problem for a large part of the surveyed pensioners. Consequently, they either plan to pay it partially (13.2%) or not to pay it at all (for one of every five people this is unbearable financial burden, which could not be taken by their households).
- **Payment of household bills and overheads:** A fairly small part of the pensioners rely on their relatives/acquaintances for partial or full coverage of household bills (telephone, electricity, water, central heating) (1.8%). A substantial group of pensioners, however, pays the bills only partially or does not pay at all the due amounts (3 -12%).
- **Heating in winter:** The payment of heating costs in winter months constitutes the toughest problem for this group of pensioners. The cheapest ways of home

heating (i.e. with coal and firewood) are the most widely used. The majority of the elderly people do not dispose of any additional source of heating (60.7%). Gathering of firewood in the forest or in other places without paying is also practiced by part of the surveyed pensioners. Many rely on support from the municipality, relatives or friends in order to pay their heating bills. The share of pensioners who could not pay their heating bills at all is relatively low (2%). Despite the fact that the costs of heating in winter are rather high, the majority of the respondents have not reduced their heating expenditures (41.2%). The latter is an indicator that the mechanisms applied by pensioners in order to cope with that particular problem have stopped working. Still, negative mechanisms for cost reduction are applied like reducing the hours of heating (37.2%) and the heated area (22%). Due to financial difficulties during the last winter a relatively large group of elderly pensioners (13.1%) was left completely without heating.

- **Debts and indebtedness:** Borrowing money is a relatively popular mechanism for overcoming temporary or lasting material difficulties. According to the results of the present study, about one quarter of the pensioners has borrowed money, and few of them have been even able to pay it back. Still, at the moment of conduction the survey 17.5% of the households reported some outstanding debts. Compared to previous RC surveys on this target group, it appears that indebtedness is increasing.²
- **Health and healthcare:** One of every six studied pensioners refrains from visiting health care providers because of the high cost of medical services and the lack of money for consultations. Another mechanism applied by the elderly people was not to buy all the necessary medicines for January 2002 or buy only a part of them. The high cost of medicine and the lack of money were the major reasons.

Coping Mechanisms Not Available to or Not Utilized by Pensioners

- **Household savings (current and already spent):** The majority of the household survey respondents do not have any savings (92.7%). If there are savings, they are not spent. At this stage the 'savings' mechanism is inapplicable for this group of persons.
- **Consumption of goods and services:** Due to the poor financial state of the studied elderly pensioners, the consumption of goods and services other than basic household expenditures (food, heating, overheads, and medicines) is largely restricted. In January 2002, barely 3.4% of the respondents have spent money on clothes; 17.2% of the respondents had transportation costs; 10.6% have spent money of alcoholic drinks and cigarettes; 2.4% on the education of the children in the households; and 1.3% - on entertainment.

² However, it should be noted that the previously surveyed group of elderly pensioners is not completely comparable; selection criteria were the same with the exception of monthly pension income; in this survey the income was increased by 10 BLG per month and hence, the groups may not be exactly comparable even when adjusting for inflation.

- **Uniting households:** The idea of moving to another residence, joining or separating households is to reducing common expenses and particularly the cost of heating. The option is not perceived as an effective mechanism for coping with the problems at this stage and as in previous years (when similar surveys were conducted), this mechanism is not being employed.

- **Sale of belongings/property:** In January 2002, the overwhelming majority of respondents (98.7%) did not sell anything. As a mechanism, the sale of property or belongings is applied by very few of the elderly people. There are complex reasons behind the fact, the core one being the lack of goods/belongings for sale.

- **Frequency and variety of meals. Food reserves:** As a rule, the surveyed pensioners have their meals in a traditional frequency: three meals a day. A portion of the target group, however, eats less than three times a day (22.8%). In January 2002 every one of seven respondents did not eat at least one day, while 4% were forced to stay without eating any food five and more days because they did not have anything to eat. The deprivation of staple food is the primary compensatory mechanism of the studied target group. Pensioners deny themselves food containing useful and necessary nutritive ingredients for the human organism, such as: meat and poultry products (71-72% of the pensioners), fish products (89.6%), fresh fruit (85.0%) and fresh vegetables (85.5%), butter (87.4%). In January 2002, the majority of the surveyed households (58.3%) could not afford to purchase meat, sausages, poultry, or fish for household consumption. They limit their consumption to the most essential and relatively cheapest products such as bread, cooking oil, sugar, dairy products and potatoes. Only a small share of the interviewees (4.5%) indicated they do not have any food reserves at all.

- **Home production, farming and livestock:** It provides some support for a moderate portion of those surveyed (about one third). Home production is not a viable option because of lack of farmland, physical inability to plant the owned land or absence of livestock. The majority of the surveyed elders do not possess or breed any domestic animals (61.3%). Home production that is produced is used mostly for household consumption and not for sale or barter. However, it should be noted that it forms but a small part of the products needed for subsistence. The home production makes only a small portion of the household consumption of the 44% of the pensioners who breed livestock or cultivate land. Within the latter group, barely one of eight households supplies more than a half of its needed food consumption by home production. The amount of the obtained plant or animal production is sufficient for both consumption and sale only in a small number of cases (under 2%). Nevertheless, the other type of home production, namely the making of preserves, albeit in small quantities, supports to a certain extent the food intake of the elderly people.

- **Socialization and social contacts:** Overall, a predisposition towards introvert style of living, restricted social contacts and passive inclusion in various social actives predominates among the surveyed pensioners. Nearly two thirds of the elderly people state that they have sufficient social contacts and socialization. The major social contact of pensioners appears to be visits of friends and relatives (almost 60% of the elderly people receive visits at their places), as well as the contacts with other pensioners (44.7%). A significant share of pensioners (over one third) indicates their will for a more animated exchange with other pensioners. Nearly every three of four pensioners do not express any will to be involved in appropriate-for-pensioners activities. There is a definite and dominating predisposition towards a passive participation in such activities, i.e. the voluntary participation does not constitute a preferred pattern of behavior.

1.3. Services *DELIVERED* to pensioners

According to the data from the **in-depth interviews**³ conducted, major services to pensioners are delivered by the social assistance and social care services and are related mostly to the assistance benefits for heating, the social patronage, and the social canteens. The representatives of the businesses and of the non-governmental organizations in the regions offer assistance for pensioners mostly in the form of food and clothing; however, it should be noted that over 92% of pensioners surveyed reported that in the month of January they had not received any support such as food or clothing from local organizations; business and NGOs also get involved in the organization of some pensioners' activities and provide transportation, the use of premises and other services.

Among the **persons interviewed in the in-depth interviews**, the opinion prevails that the quality of the services offered to low-income pensioners is satisfactory. This applies mostly to the home patronage system, social canteens, and the living conditions at the homes for elderly and disabled. Nevertheless, there are a number of negative opinions, concerning mostly the medical services offered and the way pensioners are supplied with medicines. Regarding the municipal services of social care, the representatives of Municipal Service of Social Care indicate that efforts are made to help the pensioners, but they are limited by the shortage of sufficient resources, the existing legislation (according which the group of pensioners liable to aid receipt is precisely defined) and the way social support is organized. For example, certain pensioners are granted additional bonuses and aid e.g. widowed pensioners which in some cases makes them better off than two pensioners living together.

The most often mentioned institutions providing social services to elderly pensioners in focus-group discussions are the Municipal Services of Social Care, the Red Cross, the medical centers, and the clubs of pensioners and disabled. In some of the group discussions Evangelist Church was mentioned, but as a whole, the group participants have not received its aid or participated in its services.

In general the pensioners who took part **in the focus-group discussions**, when commenting on the various kinds of services offered were most critical to:

³ These were conducted with key-informants in each targeted region using a semi-structured interview guide. For more details on the key informants and methodology used, see Methods Section.

- The attitude of medical specialists – the pensioners have problems mostly with the access to quality services – their personal doctor makes “only a check up in a slap-dash manner”, thus they are sent to doctors of private practice which means paid service.
- The impolite attitude of municipal officers dealing with the payments of electricity and water bills;
- The number of pensioners involved by the services offered as well as the size of the aids granted (Pleven, Shoumen, Dobrich)
- The lack of adequate information for the services offered.
- The pensioners level their criticism also in connection with the closure of some of the existing earlier dietetic canteens for elderly people. There are such cases in Pazardjik (the dietetic canteen to the hospital has been abolished); in Shoumen (the canteen of “Social Care”) and in Dobrich.

The qualitative survey carried out has recorded an ambiguous attitude to the **social patronage system**. As a whole this practice is highly appreciated both by the surveyed representatives of local authority institutions, of non-profit organizations, businesses, medical specialists, journalists and social workers and the pensioners investigated in focus-group discussions, in terms of the fact that **it is one of the most stable forms of pensioner support for the moment other than pensioners’ houses – there is a regular food supply and regular attendance of pensioners serviced, 60% of the expenses concerning the services offered are covered by the Municipality**. However, at the same time both types of respondents investigated underline that **it is necessary to improve the quality and the quantity of the food offered**. The fact that the social patronage does not cover all the needy is assessed as a disadvantage – on one hand, because there are such pensioners that in spite of financial relief cannot afford this service, and on the other hand, because of the amount of means, allocated for this service by the municipal budgets.

It was noted by some **representatives of Municipal Social Assistance Services** that at present the work of the social workers is organized in such a manner that they are much more occupied with administrative functions preventing them to spend enough time attending the pensioners included in social patronage. Home sanitizing and cleaning offered up to now by “social patronage” also is positively appreciated, but meanwhile there exist some particular cases reviewing this service as **embarrassing**. This view is held mostly by pensioners in better health and those living in villages. This view is also held by the key-informants in the in-depth interviews.

There exist also some regionally specific opinions. The most satisfied with the quality of the services offered within the range of social patronage are the pensioners from Pleven. Of great support to them is the supply of cooked food and home cleaning twice a week. The pensioners from Dobrich, however, are keener to criticize.

According to **the respondents of the in-depth interviews**, there are certain deficiencies related more to the financial part of the story, i.e. the inability of pensioners to get advantage of the services they are provided with, rather than to the services themselves.

According to the participants in the group discussions, the main deficiencies are associated with means shortage, inadequately well developed social services, the lack of enough foods and medicines. In some of the towns and villages the lack of specialized centers or places for blood pressure measurements of pensioners is pointed

out (Stara Zagora), and the lack of specialized service for home maintenance at lower prices (Dobrich) as well.

The results from both the focus-group discussions and the in-depth interviews show that services for pensioners exist in all six surveyed regions. In most cases, the activities of the social patronage, social canteens, and pensioner's clubs are considered successful. In the same context, the unsuccessful practices relate to delivery of donations in the form of humanitarian aid including inappropriate food products, second-hand cloths, as well as the mechanism for selection of the pensioners who are to be supported.

1.4. PREFERRED MODELS OF ASSISTANCE

The results of the qualitative survey indicate that despite the varying regional belonging of **the in-depth interviews participants**, there is a consensus among them regarding the preferred models of assistance of low-income elderly pensioners. In general, the above-mentioned models are implicitly or explicitly present **in all of the focus groups**.

Depending on their priority needs, each focus group concentrates on two or three models as most appropriate for their respective settlement.

Regarding the main needs of pensioners, several types of models of assistance are considered most pertinent:

- In view of the pensioners' needs for more and better food, forms of assistance such as "pensioners' store", "social patronage," and "delivery of food supplies" are more or less positively evaluated. **The village group provides the only exception here, for it expresses a definitely negative attitude towards the "social patronage" as a form of assistance.**
- The preferred models with respect to pensioners' needs for better health care services and supply of necessary medicine are: "rehabilitation centers," "health rooms," "free medicines and provision of free medical services at home," "special medical care for disabled people and people suffering from chronic diseases."
- In relation to the provision of food and medicines, **the pensioners participating in group discussions generally (with few exceptions only) prefer their distribution to be mostly done by the BRC and/or the pensioner's clubs.** These are also the main services that the pensioners and other respondents attribute to the BRC.
- The perspective of overcoming pensioners' isolation through "labor occupation" gets a rather ambiguous evaluation. On the one hand, it is considered that labor activities would render sense to pensioners' living. Because of this, it is good to create opportunities for the utilization of their capability and capacity. On the other hand, a view is often expressed that labor activities would represent a problem for a considerable part of pensioners because of their health problems. **As a whole, there is a predominant opinion in favor of the "home work" as an appropriate alternative.** The opinion is expressed by the surveyed pensioners, as well as by the interviewed representatives of local administration, businesses, medical personnel, social workers, etc. At the same time, the idea of creation of "workshops" or some other forms of labor organization that could expose pensioners to weather conditions gets significantly lesser support. In addition, some of the group discussions raise the issue of satisfactory remuneration as a key motivation for the inclusion of pensioners in labor activities.

- According to a considerable part of the surveyed persons (**both pensioners and respondents of the in-depth interviews**) the day centers for pensioners could be a useful form of assistance. Despite the efforts exerted in that direction so far, there is still a necessity for support of the existing or establishment of new day centers. The major advantage of this model is said to be its complexity. On the one hand, it incorporates a number of services and has the potentiality of offering a specialized aid, including medical aid. On the other, it creates suitable conditions for pensioners' interaction, and they do not get detached from their places when visiting the center.
- The preferred models of assistance in relation to pensioners' limited financial capacity for satisfying their daily wants: "delivery of certain amount of money" or "partial coverage of pensioners' bills for electricity, heating, and water," as well as the provision of cheaper services for household repairs and maintenance. The social assistance benefits, provided by the social assistance services are considered insufficient by the pensioners.
- As a whole, the preferred model for answering pensioners' cultural and information needs is linked to the holding of various organized cultural events such as: attendance at theatre plays and movies, celebration of various holidays, organizations of lectures and discussions, which create the opportunity for the maintenance and widening of pensioners' social contacts and the realization of more interaction. According to some of the **pensioners living in towns**, it would be good to receive special information broadcasts specific to their lifestyle and needs; it would also be useful to have pensioners' access to books and papers be enhanced. The **pensioners living in villages** hold a different view indicating that they would rather have the possibility of listening to radio and watching TV.
- There are suggestions both among the participants in focus-group discussions and in the in-depth interviews to have, "special counters" for pensioners be opened for paying the bills of electricity, water, as well as in the pharmacies, stores, etc. to facilitate the pensioners.
- Regarding the necessary mechanisms for the maintenance of quality services to pensioners, the participants (non-pensioners) in the in-depth interviews propose the establishment of "consultation centers" for exchange of information and elaboration of special projects for pensioners. The model includes also the creation of a "data base" with complete information for the capacity, capabilities, and qualification of the pensioners in the respective settlement.

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- Pensioners, the participants in the in-depth interviews propose the establishment of “consultation centers” for exchange of information and elaboration of special projects for pensioners. The model includes also the creation of a “data base” with complete information for the capacity, capabilities, and qualification of the pensioners in the respective settlement.

1.5. COMMUNITY’S RESOURCES AND ROLE FOR ANSWERING THE PENSIONERS’ NEEDS

The difference in the regions notwithstanding, **the interviewees unanimously share the opinion that the tasks and responsibilities for the assistance of elderly pensioners with low personal income should be redistributed so that to cover a considerably larger segment of social and economic institutions.** Not merely the municipal social assistance services and the respective state institutions should be involved, but also more representatives of the non-governmental sector, local businesses, and private persons. In contrast to this view, according to the predominant view and respectively expectations among pensioners, the state should bear the main responsibility for the pensioners.

In general, some local particularities notwithstanding, **the community’s potential and resources are considered satisfactory, though insufficiently utilized.** According to the respondents, the main obstacles preventing the more profound involvement of the local community stem from three primary sources. One, it is the general economic problems in the country and in the studied settlements; two it is the lack of an adequate normative framework, promoting and encouraging charity and donation activities. Third, it is the lack of proper communication and coordination among various social subjects, as well as the shift of public attention (and more specifically that of the non-governmental organizations) to some other issues and away of pensioners’ problems.

The experience of various participants in the survey shows that **there are relatively few donations directed at pensioners’ assistance.** At the same time it is emphasized that in the present situation it is both necessary and possible to find a way to approach the business. A general impression has been established that in the regional context the best opportunities call for a particular focus on the local enterprises’ capacity to offer some material assistance no matter of their particular activities.

At the same time, when the BRC implements a given program it could seek the support of the already existing institutions and non-governmental organizations in the respective settlement. In this respect the most useful could be the social assistance services, local BRC branches, various non-governmental organizations, including the club of disabled people, various lady’s association and professional organizations, which could help in the elaboration of projects for the pensioners, finding grantors for their realizations, providing the necessary information, as well as volunteers and consultations, advocacy of pensioners, promotion of new ideas, etc. The municipalities, on the other hand, could take upon themselves the provision of premises, transportation, and information.

The main conclusion derived from the above stated says that a better coordination and partnership among various organizations is needed so that the assistance activities become more efficient. With few exceptions only, the key role is attributed to the BRC.

1.6. MAIN RECOMMENDATIONS AND SUGGESTIONS

There are several major types of recommendations to the BRC and other stakeholders depending on the scope and particular direction of pensioners' suggestions. The most common recommendations of the **key-informants in the in-depth interviews** to the BCR and the other humanitarian organizations are related to the elderly support with foodstuffs and providing home assistance.

Regarding the foodstuffs, the recommendations are associated with several main things:

- The foodstuffs to be of good quality and to be edible;
- The foodstuffs to be distributed on home basis by social workers that not only would facilitate the elderly who are not able to go out of their homes, but would reduce queuing up for aids;
- A very common recommendation is free foodstuffs to be regularly (for example, every month) provided to the poor pensioners, and also the kitchens to supply provisions for the weekends;
- Particularly for villages, to avoid the delivery of canned fruit and vegetables. It is also recommended that the BRC focus on people diseased of diabetes and the provision of diet food to pensioners according to their diseases.

The most widely occurring recommendations among the participants in the group discussions show also such trend:

- **Regarding** the aid in the form of food, the BRC is advised to focus on cooking oil, rice, dry substances such as instant soups, vacuumed white and yellowed cheese, etc., but also to supply vitamins and fresh fruit as well. However, it is recommended that the BRC refrains from delivering cooked canned food and products that are grown in the same region, and particularly for villages, to avoid the delivery of canned fruit and vegetables.
- **In most of the group discussions it is recommended in case of opening shops for pensioners** a special shopping system should be adopted in order to avoid any chances of misuse – for example, to be issued special shopping cards and a limit of purchasing products to be fixed.
- **Another kind of recommendations given more often among both types of respondents surveyed is directed towards the medical services and medicine supply.** It is recommended preliminary more extensive surveys to be carried out regarding the medicine supply considering the real needs of the pensioners in the specified region, both through interviews of the pensioners themselves, and through consultations with their GPs, tougher control to be performed on the expiration terms of the medicines supplied.

In the group interviews as well as in some of the group discussions (for example in Dobrich, Stara Zagora) there are recommendations and suggestions to improve the social contacts: the participants in the qualitative data collection are unanimous that communication improvement among the pensioners should be related mainly with organizing free excursions, tours and events that they would be unable to manage to organize by themselves. In this connection everything that could contribute to the accomplishment of such events is perceived as a necessary and useful help. However it should be noted that this finding was the directly opposite to that found in the quantitative household survey whereby elderly pensioners noted that they had sufficient social contacts.

A considerable **part of the recommendations of the participants in the in-depth interviews is directed towards improvement of the communication among the BRC, the local government institutions, and the non-governmental organizations in the respective settlements.** There are also recommendations about making the BRC activities more popular through broadcasts in the local media. Other recommendations concern the idea of the BRC's "filling in the niche" of other institutions and especially of the social patronage (to complement its services and provide free food to people who could not afford the service; to provide humanitarian aid for the social patronage in the form of food products so that to reduce the price of the food delivered by the patronage). Still others concern the improvement of the medical services to pensioners, better utilization of the local resources and their involvement (including that of local pensioners) in the social assistance.

Recommendations associated with mobilization of local resources: among the participants in the in-depth interviews there is a widely supported idea of organizing meetings of the local authorities and non-governmental organizations with the key role of the BRC. Projects should be discussed and assignment of the roles of various organizations should be made at those meetings. The organization of these meetings would enhance the efficiency of the assistance of socially vulnerable people so that assistance benefits for the same category of people in need are not doubled. Under the BRC initiative, a coalition of organizations could be formed for the joint support of elderly people. **In the involvement of the business in pensioners' support, it is better the efforts to be directed at the acquisition of in-kind aid.** At the same time, an opinion is expressed that it would be useful representatives of the Youth BRC to hold a special survey with various companies from the respective settlement on how could each company contribute to the assistance of pensioners.

- **The results of both the in-depth interviews and the focus groups indicate that it would be good idea different approaches** to be conceived in the provision of different services. Depending on pensioners' preferences there should be a possibility for the provision of services directly in their homes, as well as out-of-home. Providing services of the sort of home cleaning it is necessary to develop a schedule of more often home visits of disabled and pensioners suffering more serious disorders.
- **The participants in the in-depth interviews give also some definite target recommendations** such as: the idea for the elaboration of a special program for disabled people and the provision of free tickets for sanatoriums and rehabilitation centers (Shoumen); the suggestion for partnership under concrete projects on the part of the "Fulgaritano" Foundation and for "creation of a health room" (Pazardjik); the creation of Social Services Center (Stara Zagora); the establishment of places or stores where pensioners could buy food at reduced prices (in the town of Lovech a businessperson-producer of pastry and confectionery offered to cooperate); the incorporation of representative of the Youth BRC into a program for pensioners and involvement of pupils and students who would visit the elderly people at their homes and assist them in some particular ways - measuring their blood pressure, cleaning, interacting with them (Stara Zagora, Pazardjik). The underlying idea is that in order the program for assistance of elderly people to be sustainable, the BRC should defend a definite project in that direction.
- **Recommendations related to program duration and scope:** In this regard the stand that the projects have to last 2-3 years at least and to involve as wider circle of elderly of the group above the age of 65 of low incomes as possible is taken on. Relevantly, very precise selection criteria to be worked out when determine the particular pensioners beneficiaries of these services.

- **Both in the in-depth interviews and in the group discussions recommendations are made to the state institutions.** The most common requirements to the state institutions are associated with improving social policy, increasing income and pensions and living standard as a whole.

Despite the fact that in most of the regions the BRC has gained certain respect and standing among the populace (this conclusion is confirmed both by group discussions and the in-depth interviews), the BRC activities in Pleven, for instance, are not evaluated as particularly successful and some steps should be taken accordingly. There is also an opinion that some time and efforts should be spent for training of the young Red Cross activists and for the involvement of more children and young people in the activities of the organization.

Some separate cases notwithstanding, as a whole the attitude to the BRC is rather positive. The representatives of the community express an explicit will for cooperation with the organization.

2. SURVEY SCOPE AND METHODOLOGY

2.1. MAIN OBJECTIVES

The main objective of this survey was to study the conditions, the lifestyle and the mechanisms for protection and assistance of a vulnerable group of Bulgarian citizens – retired pensioners aged above 65 with low retirement pensions. The survey employed a combination of quantitative and qualitative methods. The main target group of the quantitative survey was that of retired pensioners aged above 65 with pensions of up to 50 Leva throughout Bulgaria. Two qualitative methods were also employed: focus groups with pensioners aged above 65 and with pensions of up to 65 Leva and in-depth interviews.

2.2. RESEARCH METHOD CHARACTERISTICS

2.2.1. METHODOLOGY OF QUANTITATIVE SURVEY

The size of the sample is $N = 1023$ (planned 1030), covering retired pensioners aged above 65 with pensions of up to 50 Leva across Bulgaria who met at least one of the following criteria:

- To live alone;
- To be disabled;
- Not to receive financial or material aid from other friends or relatives outside the household;
- To help with funds one or more unemployed;
- Not to own land to farm for personal needs.

Sample type

The survey was based on random, two-stage, cluster samples, which guaranteed representative results for the chosen target group. The percentage distribution of respondents in the 28 regions, the distribution according to type of settlement (towns and villages) and sex is based on statistical data on this group of Bulgaria's citizens (*Table 1 and Table 2*).

TABLE 1. NUMBER OF PENSIONERS AGED 65+ WITH MONTHLY PENSION UP TO 50 BGL BY REGIONS OF THE COUNTRY

		<i>Number of pensioners in the general population</i>			<i>Number of pensioners in the sample</i>
		<i>Including allowance for widows/ers</i>	<i>Not including allowance for widows/ers</i>	<i>Total</i>	
1	Blagoevgrad	2,162	3,554	5,716	30
2	Burgas	3,192	5,679	8,871	40
3	Varna	3,373	6,170	9,543	61
4	Veliko Tarnovo	2,038	3,834	5,872	30
5	Vidin	1,838	3,357	5,195	30
6	Vratsa	2,054	3,576	5,630	31
7	Gabrovo	740	1,508	2,248	20
8	Dobrich	1,717	3,019	4,736	30
9	Kardjali	1,660	2,611	4,271	30
10	Kyustendil	1,399	2,569	3,968	17
11	Lovech	1,614	2,931	4,545	30
12	Montana	2,263	4,055	6,318	40
13	Pazardjik	3,268	5,847	9,115	49
14	Pernik	1,247	2,030	3,277	20
15	Pleven	2,894	5,105	7,999	50
16	Plovdiv	5,861	10,187	16,048	88
17	Razgrad	1,890	3,204	5,094	30
18	Russe	1,923	3,539	5,462	30
19	Silistra	1,695	3,048	4,743	30
20	Sliven	1,776	3,112	4,888	31
21	Smolyan	2,121	3,499	5,620	30
22	Sofia	4,436	7,896	12,332	76
23	Sofia-region	2,840	5,072	7,912	50
24	Stara Zagora	2,197	4,108	6,305	40
25	Targovishte	1,880	3,103	4,983	30
26	Haskovo	1,784	3,299	5,083	30
27	Shoumen	2,041	3,452	5,493	30
28	Yambol	1,158	2,278	3,436	20
Total		63,061	111,642	174,703	1023

Source: Social Insurance Regional Department

TABLE 2. DISTRIBUTION OF POPULATION AGED 65+ BY TYPE OF SETTLEMENT

	<i>Number</i>	<i>%</i>
Town	734,506	53.9
Village	627,768	46.1
Общо	1,362,274	100

Source: National Statistical Institute – preliminary data from the Census completed by March 1, 2001.

At the first stage these data were used for a random selection of 103 clusters (residential areas/regions) across Bulgaria. The list of residential areas by region was co-ordinated with the representatives of the American Red Cross and placed at the disposal of the team heads.

The second stage of the selection featured the choice of 10 respondents in each cluster. The selection was made in two ways:

A. In the case of lists provided by the BRC:

- The persons on the list are numbered with consecutive numbers from 1 to N.
- The total number of persons on the lists is divided by 10 (the number of respondents in a cluster). The resulting figure is what determines the so-called **selection interval**.
- A random choice is made of a number bigger than 1 and smaller than the selection interval, called the **random start number**, which determines the first respondent in the survey.
- The selection interval number is added to the list number of the first respondent to determine the second respondent. The selection interval number is then added to the list number of the second respondent to determine the third respondent, etc. until all ten respondents are selected.

B. In case there are no lists of the survey targets:

The interviewer starts from a certain **starting point** in the settlement and moves **to the right all the time** until he or she interviews 10 persons. These ten persons meet the criteria for respondent selection. In the case of this survey the **starting point** was identical for all locations/regions – **the building of the mayor's office** in the given location/region. The requirement in this case was to interview six women and four men in each cluster.

The settlements where a relatively large number of addresses were visited prior to conducting the interview are as follows: Bourgas, the village of Svoboda, Dobrich, Pernik, Plovdiv region (the villages of Parvenets, Rogosh, Kalojanovo), the city of Sofia, Rousse. Thus, for example, in the town of Rousse in the four block of flats (6 entrances, 8 floors each) visited, it was not found even one man who would correspond to the inclusion requirements of the survey.

In the cases where lists are used, it is recommended that the lists are up-dated more regularly since the number of deceased and moved out people is considerable. The lists of the target group were provided by the representatives of the BRC for the following settlements: the towns of Lovech, Dobrich, Pleven (names only, without addresses), Silistra, Stara Zagora, Vratsa and Montana regions. The lists for the following settlements were got building on personal contacts: the towns of Blagoevgrad, the village

of Katina (Sofia region), the towns of Veliko Tarnovo, Pavlikeni, Vidin, the village of Preslavtsi. In Sliven region the mayor's offices in the villages gave the names of potential respondents. In Sliven the Church of the Fifty days helped with compiling a list. There are no such lists in Kardjali.

Fieldwork

The survey method was structured face-to-face interview, employing the national interviewer network of Vitosha Research. Fieldwork took place in the period between February 16 and 28, 2002. The interviewers' fieldwork was monitored on a daily basis by the team heads in the respective locations.

2.2.2. METHODOLOGY OF QUALITATIVE SURVEYS

Focus groups

A total of six focus groups were conducted in the February 18-22 period in the following locations: Kazachevo village, Lovech region and the towns of Shoumen, Pleven, Dobrich, Stara Zagora and Pazardjik. A total of 59 respondents up to the selection criteria – pensioners aged 65-plus with pensions up to 65 Leva (*Table 3*) – took part in the groups. The Vitosha Research team heads in the respective regional centres recruited the respondents, with the assistance of the BRC regional centers.

Discussions were conducted by highly qualified moderators with a questionnaire approved by the American Red Cross and containing the main themes and specific questions for discussion. The complete demographic characteristics of the participants (*Appendix 1*) as well as transcripts of the discussions are appended to the report (*Appendix 6*).

TABLE 3. DISTRIBUTION OF FOCUS GROUPS BY LOCATION AND NUMBER OF PARTICIPANTS

	<i>Location</i>	<i>Number of participants</i>
1	Kazachevo village, Lovech region	8
2	Shoumen	9
3	Pleven	11
4	Dobrich	10
5	Stara Zagora	10
6	Pazardjik	11
	Total	59

In-Depth interviews

This type of qualitative study was conducted by a field team of the Vitosha Research Agency, with the assistance of the Bulgarian Red Cross regional centres, in the period February 18 - 22, 2002. The method used was in-depth interview with a preliminary prepared questionnaire on the basic themes. A total of 48 individual in-depth interviews in six regional centres in Bulgaria were conducted within this qualitative survey (*Table 4*).

Respondents were distributed in the following six target groups:

- Representatives of the local authorities (regional governor, mayor, deputy mayor) from all surveyed locations;
- Director or deputy director of Municipal Social Assistance Services;
- Medical specialists;
- Local NGO leaders;
- Social workers, journalists;
- Businessmen.

TABLE 4. DISTRIBUTION OF IN-DEPTH INTERVIEWS

	<i>Target groups</i>	<i>Number of interviews</i>
1	Representatives of the local authorities (mayor, deputy mayor, regional governor)	9
2	Director or deputy director of regional and municipal services for social assistance	8
3	Medical specialists	4
4	Local NGO leaders	13
5	Social workers, journalists	12
6	Businessmen	2
	<i>Location</i>	<i>Number of interviews</i>
1	Lovech	8
2	Shoumen	8
3	Pleven	8
4	Dobrich	8
5	Stara Zagora	8
6	Pazardjik	8
	<i>Total</i>	<i>48</i>

3. REGULATORY FRAMEWORK OF THE SOCIAL ASSISTANCE AND HOUSEHOLD BUDGETS (DESK RESEARCH)

The following section presents a summarized analysis of the institutional and regulatory framework of the social assistance in Bulgaria and the available statistical information for the structure of the household budgets in the country. A special emphasis is put on the social assistance policy oriented towards the elderly pensioners and on the household budgets of household of pensioners and with pensioners.

3.1. GENERAL REVIEW OF SOCIAL POLICY FOR ASSISTING SENIOR CITIZENS AGED OVER 65 WITH LOW INCOMES

3.1.1. SOCIAL ASSISTANCE

The body implementing **state policy** with regard to social assistance is the Ministry of Labor and Social Policy. A Social Assistance and Social Services directorate is functioning with it. It creates the necessary organization for the implementation of statutory acts and subordinate legislation in the sphere of social assistance and provides methodological help in their application.

A new **Social Assistance Act, Implementing Regulations and other subordinate legislation** relating to its implementation were passed in implementation of the “Bulgaria 2001” program of the government for improving social assistance activity and the effective statutory framework. At present Regulations of application of Social Assistance Act, adopted by Government Decree No 243, dated 5.11.1998, and published in State Gazette No 133 dated 11.11.1998 with subsequent amendments and supplements is in force. The Social Assistance Act creates the legal framework for the overall restructuring of the social assistance system. It regulates the role of the different institutions, implementing social assistance activities, with an emphasis on the priority role of cooperation of the Ministry of Labor and Social Policy with the municipalities and non-governmental organizations (NGOs).

A **Social Assistance Council** has also been set up as a public consultative body on the problems of social assistance.

In implementation of the Act, a **National Social Assistance Service has been established** as a specialized body with the Ministry of Labor and Social Policy.

Social assistance includes:

- Cash benefits;
- Cash benefits for telephones of disabled persons;
- Aid under the Decree on Fertility Encouragement;
- Aid for orthopedic aids;
- Target assistance⁴;
- Social assistance for public transport
- Certificates for the Bulgarian State Railways National Company
- Aid for medicines.

A total of **28 regional social assistance services** have been set up with the National Social Assistance Service. Their role is to:

- Collect, summarize and analyze the data of the municipal social assistance services;
- Provide, open and close social service establishments;
- Control the implementation of statutory acts and provide possibilities for appealing the decisions of heads of municipal social assistance services;
- Train the staff of municipal social assistance services;

⁴ Under “target assistance” are considered various kinds of additional, one-time or regular aids in cash or in kind to meet various needs, that are granted once or several times a year to support deliberately various groups, again on the same regulatory issues basis (Social Support Act and the Regulations for its application), but on the basis of Governmental decrees, specially issued for that (*Source: Director of Municipal Social Assistance Service – town of Razgrad*)

- Provide methodological assistance and coordinate the activity of the municipal social assistance services.

A total of 271 *municipal social assistance services* have been set up for the implementation of social assistance programs. The Social Assistance Act also regulates the establishment of *public councils* in the municipalities, which provide help and assistance in carrying out social assistance activities and exercise public control over their implementation.

The municipal social assistance services carry out activities related to granting social benefits, providing social services, and financial, administrative and information services for citizens.

The *Social Assistance Act* also creates prerequisites for the institutional consolidation of the system. The World Bank provided support by granting gratuitous aid of 470,000 US dollars for assisting the implementation of the act. This project encompasses activities for the institutional consolidation of the social assistance system at all levels and a unified information system covering the social assistance services, which is a prerequisite for the effective administration, financing, restructuring and control of granting aid and providing social services.

The mechanism of accurate and objective establishment of the income and property status of the beneficiaries is being improved as a necessary prerequisite for *focusing* on people most in need of social assistance. **Action benefits for heating, payment of rent, transport services, etc. are targeted at specific risk groups of the population (children, the elderly and the disabled) and cover the concrete additional needs of the beneficiaries.**

The 1999 *National Budget of the Republic of Bulgaria Act* provided the municipalities for the first time with action grants for social benefits to the amount of 50 per cent of the total set aside for assistance.

Two social funds – Rehabilitation and Social Integration, and Social Assistance – have been set up to finance the different programs.

The funds from the **Rehabilitation and Social Integration Fund** are spent on providing needy persons with technical aids, paying monthly allowances for disabled children, all subsidies for nationally represented organizations of and for the disabled, etc.

Funds from the **Social Assistance Fund** are spent on specific social programs and benefits, social services provided by the municipalities and by duly licensed individuals, companies and NGOs, the establishment of new and the reconstruction and modernization of existing social service structures, qualification and training of workers in the system, etc.

The Social Assistance Act regulates for the first time the issue of the participation of non-profit organizations in providing social services and their *partnership* with the state and municipalities. Possibilities are provided for greater initiative in the creation of new forms of social services, aimed at different communities and risk groups.

A priority place in the successful implementation of the reform in the sphere of social services is occupied by the interaction and support of the third sector by the state, including co-financing.

Within the framework of preparation of the National Plan for the Development of the Republic of Bulgaria, the Ministry of Labor and Social Policy has also developed a *sector strategy* for development in its spheres of activity for the 2000-2006 period. The main goal of the strategy during the said period is to generally establish an effective model in the labor market and social sectors, which will best corresponds to the national needs.

The Social Assistance Regulations were adopted with Council of Ministers Decree No. 119 in 1996. They regulate the conditions and procedure under which the municipalities, through their social care centers, provide social assistance for citizens.

They include four sections: General Provisions; Forms, Scope and Conditions for Social Assistance; Procedure for Granting Aid; Accountability and Control.

3.2. *TYPES OF SOCIAL SERVICES PROVIDED TO PENSIONERS*

Citizens who due to their age, material, health, family or other reasons are unable to meet their essential needs are entitled to social assistance.

Under the Regulations, social assistance is provided through:

1. Granting ***monthly benefits in cash or in kind*** for supplementing personal incomes up to a fixed differentiated basic minimum income;
2. Granting ***additional monthly benefits in cash or in kind*** for meeting basic daily, health, educational or other important needs;
3. Providing ***lump sum and regular benefits in cash or in kind*** for meeting seasonal, transport, health and any other incidental vital needs.

The municipal social care centers assist citizens who are residing permanently on the territory of the municipality, have an address registration dating at least six months before filing the application for assistance and satisfy the conditions for receiving monthly benefits.

Within the scope of their own revenues the municipal councils may increase up to 30 per cent the basic minimum income determined by the Council of Ministers.

Social services in the common home environment are accomplished by:

1. Daytime care nurseries;
2. Home social patronage;
3. Social service agencies;
4. Social rehabilitation and integration centers;
5. Communal kitchens;
6. Clubs of Disabled People

The following institutions accomplish social services outside the common home environment:

1. Homes for children and persons with physical injuries;
2. Homes for children and persons with mental troubles;
3. Social vocational schools;
4. Children's villages
5. Homes for the aged
6. Homes for temporary lodging
7. Poorhouses;
8. Seasonal homes;
9. Homes for disabled soldiers and sufferers of country defensive activities.

Social services could be organized and provided also by contract-based partnerships between the state, the municipalities and natural and/or juridical persons

The revenues gained from fees for public institutions for social services are spent directly to meet the needs of the institution which has collected them, such as covering the food costs or the fuel and power costs.

The medical treatment of those placed in institutions for social services is settled under the terms of and in compliance with Health Insurance Act.

In cases that persons have to pay extra for the medicines prescribed, the means are secured by the institutional budget, should the relevant person's income is not higher than the double amount of the guaranteed minimum income.

3.2.1. CASH BENEFITS GRANTED BY THE MUNICIPAL SOCIAL ASSISTANCE SERVICES

Monthly cash benefits:

*Entitled to benefits from the Social Assistance Services are persons and families whose **monthly income during the last six months has been lower** than the fixed differentiated minimum income (DMI). This income is obtained by multiplying the individual coefficient (K) of the person or family by the basic minimum income (BMI) determined by the Ministry of Labor and Social Policy.*

*Individual coefficients are determined depending on **age** and social status.*

The size of the monthly social benefits is determined as the difference between the size of the concrete differentiated basic minimum income for the household, determined in accordance with paragraph 4, and the sum of the personal incomes of its members.

The BMI currently is 40 Leva, and the benefits for heating is 37.35 Leva.

Table 4_1 presents all coefficients applied for calculating the support granted by Social Assistance Services:

TABLE 4_1. COEFFICIENTS APPLIED FOR CALCULATING THE SUPPORT GRANTED BY SOCIAL ASSISTANCE SERVICES

Family Type	Coefficient (K)	Basic Minimum Income (BMI)	Differential Minimum Income [(DMI) = (K) x (BMI)]	Heating Coefficient	DMI for heating [(DMI) + (Aid)]
A person living alone	1	40	40 leva	1	77,35 leva
A person living alone above the age of 70	1,2	40	48 leva	1,5	97,35 лв
A co-existing person	0,9	40	36 leva	0,9	73,35 leva
A disabled person of over 90% lower ability to work (*)	1,2	40	48 leva	1,5	97,35 leva
A disabled person of 50 to 90% lower ability to work	1,2	40	48 leva	1,2	85,35 leva
A family of two	1,8 (0,9+0,9)	40	72 leva	1,8	109,35 leva
A family of two, one of them a disabled of over 90% lower ability to work	2,1 (0,9+1,2)	40	84 leva	2,4 (0,9+1,5)	133,35 leva
A family of two, one of them a disabled of 50-90% lower ability	2,1 (0,9+1,2)	40	84 leva	2,1 (0,9+1,2)	121,35 leva
A family of two disabled of over 90% lower ability	2,4 (1,2 + 1,2)	40	96 leva	3 (1,5+1,5)	157,35 leva
A lonely parent (**) with a child (***)	2,1 (1,2+0,9)	40	84 leva	2,7 (1,2 + 1,5)	145,35 leva
Two parents with a child	2,7 (0,9+0,9+0,9)	40	108 leva	3,3 (0,9+ 0,9 + 1,5)	169,35 leva
Two parents with 2 children	3,6	40	144 leva	4,8 (0,9+ 0,9 + 1,5 +1,5)	229,35 leva

(*) The disabled have always a coefficient of 1,2, while during the heating season the disabled of 90% lower ability to work have a coefficient of 1,5.

(**) A lonely parent with a child is a person who due to divorce, non-contracted marriage or widowhood raises a child to 18 years of age.

(***) During the heating season the children to 18 years old have a coefficient of 1,5

- Income is all means coming from pensions, salaries, rents, annuities, children's allowances, support money, etc. The following are not referred as income: widow's allowances, additional pensions, allowances for extra assistance and war participation, as well as 30% of the salary.
- A family is the spouses and all children to 18 years of age.
- Co-existing persons are persons living together in the same domicile.

Where there is more than one reason, the higher rated coefficient is used.

Benefits are granted monthly to persons or families who satisfy the following *conditions*:

- The monthly income of the person or family is lower than the differentiated minimum income (DMI)
- The residence is the only one and no larger than: one room for one person, two rooms for a two or three-member family, etc. This requirement also applies when a disabled person lives in the home.
- They do not own movable or immovable property, which can be a source of income.
- They do not have signed a contract for transferring property for support and care (save if the persons having assumed obligations for support and/or care are pensioners, disabled, students or unemployed).
- They have not sold any real estate during the last five years.
- The savings of a member of the family do not exceed the six-fold size of the BMI (240 Leva for one person, 480 Leva for two persons, etc.)
- Unemployed persons have to have been registered for at least six months with the Employment Office.

If granted benefits the unemployed are obliged to work for five days a month in Landscaping or Sanitation.

3.2.2. INCOME SUPPORT FOR HEATING

In order to receive energy support during the heating season (November 1st – March 31st) the support for heating is added to the guaranteed income.

For example, a person aged over 70 who lives alone, has a coefficient of 1.2 which multiplied by the basic minimum income – that is 40 Leva (BMI), makes 48 Leva – that is the differentiated minimum income (DMI). DMI is multiplied by the heating coefficient, which is 1.5 with the person in question. That makes 60 Leva. This pensioner may get support if to DMI the support for heating is added; its maximum amount is 37.5 Leva. The grounds to ask for a support are he/she to have a monthly income lower than 97.50 Leva. The support that he/she will receive for heating with electricity, woods, coals or naphtha is equal to the difference between the differential minimum income for heating already estimated and his income (for example, if his pension is 55 Leva, he will be given 97.50 Leva – 55 Leva = 22.50 Leva.), while in case of central heating all that have the right receive the maximum size of the heating support – namely 37.50 Leva.

In case of central heating, the whole amount (37.35 Leva) is received, regardless of the difference between the DMI for heating and the monthly income. The sums are transferred monthly directly to the subscriber's account in Toplofikatsia, the district heating company.

The persons or families must also satisfy the following *conditions*:

- To have only one residence, no larger than: one room for one person; two rooms for a two or three-member family, etc. This requirement does not apply if a disabled person lives in the residence.
- They do not own movable or immovable property, which can be a source of income.

- They do not have signed a contract for transferring property for support and/or care (save if the persons having assumed obligations for support and/or care are pensioners, disabled, students or unemployed).
- They have not sold real estate during the last five years.
- They have not traveled abroad at their own expense during the last 12 months.
- The savings of a member of the family do not exceed 200 Leva per family member.
- Unemployed persons have to have been registered at the Employment Office for at least six months and have not refused a job offer.

3.2.3. MONTHLY INCOME SUPPORT FOR HOUSING RENT

Persons whose income during the preceding month is below 150 per cent of the differentiated minimum income are entitled to monthly income support for paying rent for municipal or state-owned housing.

*For example, for a single person aged over 70 or a single disabled person this income is 72 Leva.
(1.2 Õ 40 Leva) Õ 1.5).*

The persons must be:

- Elderly people without immediate family aged over 70
- Disabled persons without immediate family with over 71% disability (first or second group)
- Single parents
- Orphans aged below 25, having completed social educational establishments.

The income support is received every month over the mail, upon presentation of an invoice or receipt for paid rent in the Social Assistance Service. The sum covers the whole rent (excepting refuse collection).

3.2.4. LUMP SUM AID

Granted once a year to persons or families with low incomes for covering incidental health, educational, domestic or other vital expenses. The lump sum is in cash, but in some cases food is also provided.

Monthly social benefits are granted *in kind* in the following cases:

1. If the adult members of the household are found to be unable to manage the household budget;
2. In the absence or insufficient care for minors or disabled members of the household;
3. For meeting the needs of underage members of the household, when the parents or other adults are not entitled to monthly social benefits.

The monthly social assistance in these cases can also be provided through:

1. Full or partial payment of fees for children's establishments and/or covering food expenses in school canteens;

2. Enlisting adults in the respective public or dietetic canteens;
3. Providing coupons with a fixed money value for buying products, clothing, footwear, study aids and other basic essentials.

Citizens are entitled to ***additional monthly benefits*** in the following cases:

- Repayment of housing credits and of credits for current needs of young newlyweds, received before 25 January 1991, save if the conditions of the contract have been changed after that date;
- Payment of regulated rent for state or municipal housing, as well as of freely negotiated rent up to the amount of the regulated rent for an inhabited residence, provided the citizens satisfy the conditions for accommodation in state or municipal housing;
- Payment of expenses according to established rates for the country for electricity and heating, fuels and water according to the terms and procedure determined in statutory acts.

The additional monthly benefit under paragraph 1 ensures the size of the concrete differentiated basic minimum income of households, determined pursuant to Article 4, paragraph 4, in cases when, after making the payments cited in items 1, 2, and 3 of paragraph 1, the income of the given household drops below it.

Citizens are entitled to ***additional monthly social benefits by prescription of the health authorities*** for ensuring:

1. Medicines and food with curative properties for home treatment;
2. Curative and dietetic nutrition.

*To meet some casually emerged needs of health, educational, communal and everyday, and other necessities of vital importance, one-time aid may be granted to persons and families **once a year**.*

*One-time aid as per Paragraph 1 amounting to **five fold the guaranteed minimum income** is determined by the decision of the Manager of Municipal Service of Social Care.*

Citizens who have received permission for ***treatment abroad*** under the procedure of the Public Health Act are entitled to a lump sum for covering passport fees and other personal expenses up to the amount specified in the Ordinance on Business Trips and Specialization Abroad for the duration of their own stay, and that of the persons accompanying them, in the country of treatment.

Disabled persons of the first or second group of disability, as well as disabled person in the third group of disability, suffering from diseases or crippled lower limbs in accordance with the list in Appendix No. 1, are entitled to monthly social ***benefits for public transport*** to the amount of 15 per cent of the basic minimum income.

Disabled persons of the first group or disability, war invalids and children with severe physical and mental handicaps ***are entitled to cash benefits to the amount of the cost of two inland journeys a year, using railway, water or coach transport.***

Disabled persons of the first group or disability, war invalids and children with severe physical and mental handicaps, as well as the accompanying attendants of persons with a right to them, are entitled once a year to a ***free card for spa treatment and cash benefit for paying the consumed food.***

Disabled persons of the first group or disability, entitled to attendants, are supported in paying the cost of the **first 200 tax units for telephone services a month** upon presentation of a document.

The municipal social care centres, jointly with companies, foundations, charitable or other institutions organise the free provision of humanitarian aid or the sale of food, clothes and other basic essentials at minimum prices.

The municipal social care centers provide social assistance to citizens on the basis of a social interview and:

1. Application by the adult members of the household in need of assistance;
2. Recommendation of public officials or members of non-governmental organizations, registered according to effective legislation;
3. Data from sociological and other studies and monitoring of the population by the municipality, organized by the social care centers or other institutions.

The social interview includes:

1. Evaluation of the family, material and health condition of the members of the household;
2. Recommendation of the necessary set of benefits and services and their concrete form and size.

Citizens, assisted under the procedure of the Regulations on the basis of their permanently reduced working ability (disability), continue to use their rights for life, provided they attain the age of 60 for men and 55 for women, respectively 55 and 50 for war invalids, within the term determined with the decision of the territorial board of medical experts.

3.2.5. SOCIAL PATRONAGE

The social patronage services with the Municipal Social Assistance Services provide the following services against payment:

- Delivering food to homes (once a day, three portions);
- Cleaning of the place/room inhabited by the beneficiary (once a week);
- Assistance for submitting applications to the Social Care Center in case of disability or grave disease;
- Everyday services such as buying food and basic essentials, paying electricity, heating, telephone and other bills with the beneficiary's money;
- Help during service (measuring blood pressure, etc.)

The following are entitled to these social services:

- ***Persons aged over 60;***
- Disabled persons with 71% disability (first or second group);
- Disabled children.

The monthly fee for home patronage services is to the amount of 60 per cent of all incomes of the beneficiary (without supplements for attendants of the disabled).

War veterans pay only 30 per cent of their personal pension.

An application and declaration for home patronage is submitted to the Social Patronage Service according to place of residence. Within a 10-day term a social worker goes to inspect the home of the applicant.

A person who has signed a contract for transfer of property against support and care is entitled to home patronage services only at their real cost.

The Social Patronage services accommodate persons in old people's homes who:

- *Are incapable of alone organizing and meeting their vital needs;*
- *Have over 71% disability (first or second group) and no longer have active treatment;*
- *Have not signed a contract for the transfer of property against support or care;*
- *Have no immediate family to look after them;*
- *An exception is made for persons who have an immediate family, but whose members are over 71% disabled;*
- *Pensioners looking after a gravely ill person or child, restricted in movement to the living area, or who have a bad relationship with the person.*

The application and declaration for accommodation in an old people's home is submitted to the Social Patronage services according to place of residence. The existence of the necessary conditions for accommodation is established by a social worker in a survey carried out in the applicant's home.

The accommodation in old people's homes is effected by the head of the Municipal Social Assistance Service according to place of residence and by the order of received applications. New applicants are accommodated in old people's homes provided vacancies exists.

After accommodation in old people's homes, a monthly fee is paid to the amount of 80 per cent of the total income (excepting the supplement for attendants of disabled persons).

Summarized statistical data for social patronage does not exist. The Municipal Social Assistance Services send general information to Ministry of Labor and Social Care, but these data are not a subject of national statistics. A director of a Municipal Social Assistance Service – Sofia said that there was “something like a waiting list”, i.e. the needy are more than the capacities of the Social Patronage. Some Municipal Social Assistance Services provided data for the number of the pensioners currently served by the social patronage:

- Pleven – 280 pensioners;
- Dobrich – 300 pensioners;
- Shoumen – 120 pensioners;
- Stara Zagora – 160 pensioners.

3.3. *DISTRIBUTION OF PENSIONERS ACCORDING TO THEIR INCOME AND INFORMATION ABOUT THE SOCIAL ASSISTANCE PROVIDED TO PENSIONERS*

Table 5 presents summarized data for the structure of pensioners in Bulgaria according to their monthly pensions.

TABLE 5. DISTRIBUTION OF RETIRED ACCORDING TO THEIR MONTHLY PENSION BY DECEMBER 31, 1999⁵

Pensions in Bulgarian Leva (BGL)	Relative share of all retired	Cumulative percent
Up to 33,30	2.9	2.9
33,31 – 37,00	2.3	5.2
37,01 – 42,00	5.1	10.3
42,01 – 47,00	12.1	22.4
47,01 – 52,00	7.8	30.2
52,01 – 57,00	8.1	38.3
57,01 – 62,00	7.0	45.3
62,01 – 67,00	7.1	52.4
67,01 – 72,00	6.1	58.5
72,01 – 77,00	5.8	64.3
77,01 – 84,00	7.6	71.9
84,01 – 91,00	5.9	77.8
91,01 – 98,00	4.8	82.6
98,01 – 105,00	3.7	86.3
105,01 – 111,00	9.4	95.7
Over 111,00	4.3	100.0
Total	100.0	

At the end of 1999 30.2 percent of the retired lived with pensions of up to 52 Leva and more than half, or 52.4 percent – with pensions up to 67 Leva.

Since there is a lack of data for the size of assistance provided to elderly pensioners with low incomes on a national level, below is presented exemplary information about the social assistance parameters in Pazardjik Municipality.

SOCIAL POLICY OF PAZARDJIK MUNICIPALITY

At the end of September 2001 Pazardjik⁶ municipality had already covered all its annual obligations for social aid, amounting to 1.038 million Leva.

By September 30, 2001 the municipality had unpaid expenses for 542,530 Leva, including 307,000 in social benefits, 170,000 for litigation and current expenses amounting to 65,530 Leva, the majority of which were paid over subsequent months.

⁵ The monthly size of pensions includes: the net basic pension, additional sum paid for second pension and the extra-pension payments (incl. the benefit according to art. 50A from Pension Law.)

⁶ Report from Dr. Ivan Kolchakov – Mayor of Pazardjik Municipality on the two-years governance of the municipality in the period 01.11.1999 - 31.10.2001.

The following data best characterise the social policy of the Municipal administration and the Regional Centre for Social Care:

TABLE 6. DATA FROM THE REGIONAL CENTRE FOR SOCIAL CARE – PAZARDJIK, FOR 2001

	1999 Nos.	1999 Leva	2000 Nos.	2000 Leva	09.2001 Nos.	09.2001 Leva
One-off maternity benefit	534	79545	608	74903	398	54418
Maternity benefit	1716	937923	2940	1121161	1900	978286
Monthly child allowance	2172	375437	3625	443216	2590	343299
Monthly allowance for unemployed and families without income	292	66764	2017	379384	971	230993
One-off aid	713	39312	906	49876	1200	121899
Other assistance under the Ordinance on the Application of the Social Assistance Act without Art.15 (transport and telephone expenses of disabled, etc.)	2736	154836	3433	1030945	2885	137281

Source: Report of the Director of the Pazardjik Regional Centre for Social Care for the accounted period

3.4. STATISTICAL INFORMATION ABOUT HOUSEHOLD BUDGETS (INCOMES, EXPENDITURE AND CONSUMPTION BY GROUPS OF PRODUCTS)

The data is from a representative study of household budgets⁷, based on the results of their monitoring by composition of households and their members according to socio-demographic indicators, size of incomes by source, components of expenditure, consumption of staple foods and their calorie content.

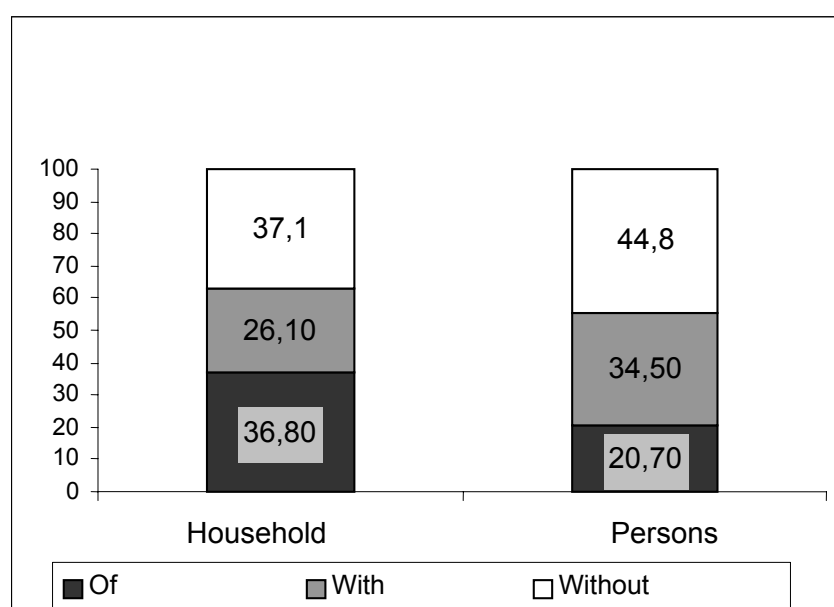
Most of the cited data examine the said indicators according to the presence of pensioners in the households.

The relative share of persons at retirement age in the households is high – a total 30.2 per cent for men and women taken together.

TABLE 7. PERSONS IN HOUSEHOLD ACCORDING TO AGE IN 2000

	Average per household	Relative share
Total	2.77	100.0
Men aged below 16	0.41	14.9
Men aged 16 to 59	0.78	28.0
Men aged 60 and over	0.31	11.1
Women aged 16 to 54	0.74	26.9
Women aged 55 and over	0.53	19.1

FIGURE 1. HOUSEHOLD STRUCTURE AND PERSONS IN HOUSEHOLD BY THE PRESENCE OF PENSIONERS IN THEM



Households of pensioners in Bulgaria comprise 36.8 per cent of all households, pensioners also living in another 26.1 per cent of all households.

⁷ Source: *Budgets of Households in the Republic of Bulgaria*, National Statistical Institute (NSI), Sofia, 2001

According to an analysis of the NSI data, the total real income of the population decreased by 22.0 per cent in 2000 compared to 1995.

The following *Figure 2* and *Table 8* present data about the **total income** of households by source and the presence of pensioners in them. They show the average income per household, per person (in Leva) and the relative share of the source of income in the total income.

The average total income of a household of pensioners in 2000 was 1.58 times lower than that of a household in general and 1.91 times lower than that of a household without pensioners.

The amount of paid out social transfers (compensations, pensions, benefits, family allowances and scholarships) increased in the 1995-2000 period. The share of received pensions in the total income of households was 21.4 per cent. The main reason for this trend is the deteriorating age structure of the population in the country (factors: the growing number of pensioners, negative population growth rate, unemployment, emigration of young people).

After pensions, the highest share of incomes in the households of pensioners comes from part-time farming - 27.2 per cent, which is 10.5 per cent larger than the total share for all households (16.7 per cent), and is 18.8 per cent in households with pensioners.

The share of incomes from social benefits for the households of pensioners is 1.3 percent and close to the total share for households in general – 1.2 per cent.

FIGURE 2. TOTAL INCOME OF HOUSEHOLDS BY SOURCE AND THE PRESENCE OF PENSIONERS IN THEM

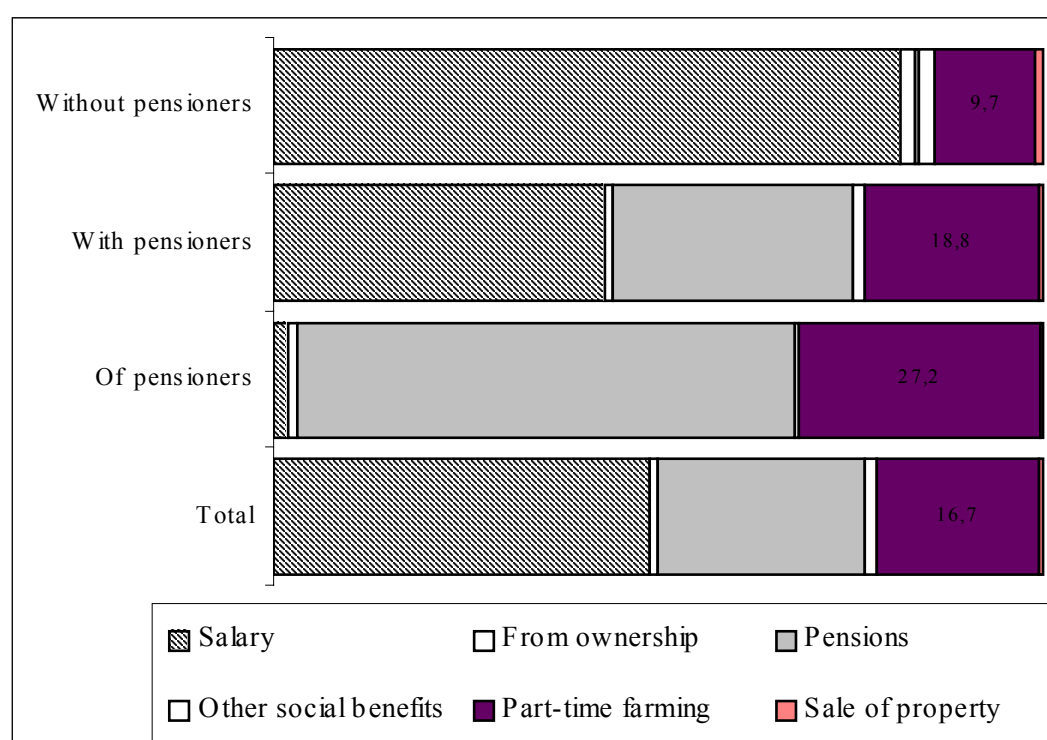


TABLE 8. TOTAL INCOME OF HOUSEHOLDS BY SOURCE AND THE PRESENCE OF PENSIONERS IN THEM

Source	Households											
	Total			Of pensioners			With pensioners			Without pensioners		
	Average per household	Average per person	Relative share	Average per household	Average per person	Relative share	Average per household	Average per person	Relative share	Average per household	Average per person	Relative share
Money income	4360	1574	100.0	2765	1774	100.0	5297	1450	100.0	5283	1576	100.0
Salary	1695	612	38.9	42	27	1.5	1898	520	35.8	3191	952	60.4
Outside salary	230	83	5.3	149	96	5.4	262	72	4.9	288	86	5.5
From entrepreneurship	194	70	4.5	12	8	0.4	201	55	3.8	370	110	7.0
From ownership	33	12	0.8	33	21	1.2	41	11	0.8	28	8	0.5
Unemployment benefits	49	18	1.1	0	0	0.0	54	15	1.0	95	28	1.8
Pensions	934	337	21.4	1538	987	55.6	1381	378	26.1	21	6	0.4
Child allowances	35	13	0.8	0	0	0.0.	38	10	0.7	68	20	1.3
Other social benefits	51	19	1.2	10	6	0.4	69	19	1.3	80	24	1.5
From part-time farming	727	262	16.7	752	483	27.2	995	272	18.8	512	153	9.7
From sale of property	20	7	0.5	5	3	0.2	19	5	0.4	34	10	0.7
Other incomes	392	141	8.8	224	143	8.1	339	93	6.4	596	179	11.2

Incomes from savings	153	55				76	49		196	54		199	59	
Taken loans and credits	83	30				35	822		84	23		130	39	
Repaid credits	14	5				12	8		20	5		12	4	
Total	4610	1664				2888	1853		5597	1532		5624	1678	

The greatest share in the total *expenditure* is occupied by food expenses, which in 2000 was 44.1% in total for households in the country, 7.6% higher for households of pensioners and 11.6% higher than that of households without pensioners.

Notably, the second largest share in the structure of household expenditure for maintenance of housing, water, electricity and fuels for domestic needs is 15.2% higher for the households of pensioners and 4.1% higher than that of households without pensioners.

Households of pensioners spend 2.8 times less on leisure activities, cultural recreation and education than households without pensioners and twice less than households as a whole in the country.

TABLE 9. TOTAL EXPENDITURE OF HOUSEHOLDS BY GROUPS AND PRESENCE OF PENSIONERS IN THE HOUSEHOLD

	Total	Households		
		Of pensioners	With pensioners	Without pensioners
TOTAL EXPENDITURES	100.0	100.0	100.0	100.0
Total consumer expenditures	84.9	88.6	85.1	83.0
Food	44.1	51.7	44.6	40.1
Alcoholic beverages and tobacco goods	3.8	2.5	3.9	4.5
Clothing and footwear	4.0	1.9	3.9	5.2
Housing, water, electricity and fuels for domestic needs	12.3	15.2	12.2	10.9
Furnishings and home maintenance	2.8	2.7	2.9	2.9
Healthcare	3.6	6.2	3.7	2.3
Transport	5.2	2.6	5.3	6.4
Communications	2.5	2.4	2.4	2.7
Leisure, cultural recreation and education	3.2	1.5	3.1	4.2
Various goods and services	3.4	1.9	3.1	3.8
Taxes	3.7	0.3	3.3	5.6
Part-time farming	2.9	5.4	3.3	1.5
Other expenditure	8.5	5.7	8.3	9.9

The physiological norms of consumption differ from the real consumption of households. In 2000 real consumption was below the physiological norms for staple foods, largely forming rational and healthy eating habits with regard to: meat - by 18.4%, potatoes – 48.1%, eggs – 28.3%, rice – 22.2%, fruit – 67.8%, vegetables – 30.5%, beans and lentils – 15.0%.

Significantly below the physiological norm was the consumption of cooking oil – 2.5 times, meat products – 2.0 times, flour – by 76.4%, bread and paste products – 32.5%.

TABLE 10. CONSUMPTION OF STAPLE FOODS, BEVERAGES AND TOBACCO BY HOUSEHOLDS ACCORDING TO THE PRESENCE OF PENSIONERS IN THE HOUSEHOLDS (AVERAGE PER PERSON IN KG)

	Total	Households		
		Of pensioners	With pensioners	Without pensioners
Bread and paste products	136.7	178.7	135.4	118.2
Flour	12.7	16.1	11.8	11.7
Rice	5.6	8.0	5.14	0.9
Other cereals	0.4	0.6	0.3	0.3
Starch	0.1	0.2	0.1	0.1
Floured confectionery	4.1	4.1	3.6	4.4
Meat	23.0	28.2	21.5	21.7
Meat products	11.7	13.2	10.6	11.9
Fish and fish products	3.4	4.5	2.9	3.1
Milk	29.1	48.3	28.5	20.8
Yogurt	24.5	31.9	23.4	21.9
Feta cheese	9.3	13.3	8.5	8.2
Yellow cheese	2.0	2.1	1.8	2.1
Other dairy products	1.2	1.3	1.1	1.1
Eggs - number	129.3	177.8	119.4	114.6
Cooking oil - l	11.9	16.1	10.9	10.7
Margarine	1.4	1.8	1.2	1.3
Dairy butter	0.4	0.5	0.4	0.4
Fat	0.9	1.4	0.9	0.7
Fresh fruit	35.2	51.5	31.9	30.2
Dried fruit	0.1	0.1	0.1	0
Nuts	0.8	0.9	0.7	0.8
Compotes	17.4	24.1	15.4	15.9

TABLE 10. CONSUMPTION OF STAPLE FOODS, BEVERAGES AND TOBACCO BY HOUSEHOLDS ACCORDING TO THE PRESENCE OF PENSIONERS IN THE HOUSEHOLDS (AVERAGE PER PERSON IN KG) (CONTINUED)

	Total	Households		
		Of pensioners	With pensioners	Without pensioners
Jams, preserves, marmalades	1.8	2.3	1.5	1.7
Fruit juices, syrups, nectars - l	1.7	1.6	1.5	1.9
Fresh vegetables	58.4	82.2	53.4	51.1
Dried vegetables	0.3	0.5	0.3	0.3
Beans	3.7	5.2	3.3	3.2
Lentils	1.4	1.8	1.3	1.3
Other dried pulses and seeds	0.2	0.2	0.2	0.3
Canned vegetables	12.7	17.3	11.1	11.9
Vegetable nectars and juices - l	2.5	3.2	2.2	2.4
Pickled vegetables	10.6	15.7	10.1	8.6
Mushrooms – fresh and canned	0.3	0.2	0.2	0.3
Potatoes	26.8	34.1	24.3	25.3
Sugar	8.5	11.9	7.8	7.5
Sugar confectionery	1.3	2.3	1.1	1.0
Chocolate goods	0.7	0.7	0.6	0.8
Pre-cooked and vegetarian food	0.2	0.1	0.1	0.2
Salt	2.3	2.6	2.2	2.2
Vinegar	1.4	2.0	1.3	1.3
Soft drinks	23.7	24.6	20.7	25.6
Alcoholic beverages	17.1	20.3	15.9	16.6
Tobacco goods	1.0	0.4	1.0	1.3

The largest share in the consumption of food products of the households of pensioners is accounted for by bread and paste products, which is 15 times larger than that of households without pensioners, the main share in the structure of the calorie content of consumed staple food is made up of bread and paste products – 37.8 per cent, and of cooking oil - 12.7 per cent.

TABLE 11. CALORY CONTENT OF CONSUMED STAPLE FOODS ACCORDING TO PRESENCE OF PENSIONERS IN A HOUSEHOLD
(*AVERAGE PER PERSON PER DAY – CALORIES*)

	Total	Households		
		Of pensioners	With pensioners	Without pensioners
Total	2404	3153	2268	2164
Bread and paste products	915	1191	904	796
Flour	118	151	111	109
Rice	53	76	49	46
Other cereals	4	5	3	3
Starch	1	2	1	1
Floured confectionery	50	51	44	54
Meat	117	142	109	112
Meat products	10	15	10	8
Fish and fish products	8	11	7	8
Milk	48	79	47	34
Yogurt	49	64	47	44
Feta cheese	78	111	71	68
Yellow cheese	19	21	17	20
Other dairy products	9	11	9	9
Eggs	22	30	20	19
Cooking oil	295	400	270	265
Margarine	27	36	23	26
Dairy butter	9	11	9	8
Fat	23	35	23	17
Fresh fruit	39	57	35	34
Dried fruit	0	1	0	0
Nuts	7	8	6	8
Compotes	48	66	42	44
Jams, preserves, marmalades	13	17	12	13
Fruit juices, syrups, nectars	3	3	3	3
Fresh vegetables	38	55	35	33
Dried vegetables	3	5	3	2
Beans	33	46	30	29

TABLE 11. CALORY CONTENT OF CONSUMED STAPLE FOODS ACCORDING TO PRESENCE OF PENSIONERS IN A HOUSEHOLD
(AVERAGE PER PERSON PER DAY – CALORIES)(CONTINUED)

	Total	Households		
		Of pensioners	With pensioners	Without pensioners
Lentils	12	16	11	11
Other pulses and seeds	2	1	2	2
Canned vegetables	15	20	13	14
Vegetable nectars and juices	7	9	6	7
Pickled vegetables	6	10	6	5
Mushrooms – fresh and canned	0	0	0	0
Potatoes	51	65	47	48
Sugar	92	129	85	81
Sugar confectionery	14	24	11	10
Chocolate goods	9	8	10	
Pre-cooked and vegetarian food	0	0	0	0
Soft drinks	37	38	32	40
Alcoholic beverages	35	42	33	34

4. ANALYSIS OF THE DATA FROM THE QUANTITATIVE STUDY

4.1. DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS. COMPOSITION OF HOUSEHOLD

In order to be interviewed, the pensioners in the target group had to satisfy at least one of the criteria described below. *Table 12* shows the share of respondents from each group included in the study:

TABLE 12. CRITERIA FOR SELECTION OF RESPONDENTS

	Yes	No
You live alone	52.2	47.8
You don't receive financial or material support from other family members	13.1	86.9
You are invalid	64.5	35.5
You provide financial or material support to one or more unemployed dependants	6.2	93.8
You don't possess land for home food production	51.5	48.5

Base N=1023

4.1.1. DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

About three-quarters of the studied respondents are women (73.6%) (as a whole, women receive lower pensions than men). Just over half the studied pensioners are town dwellers (*Table 13*). The age distribution of the respondents is shown in *Table 14*. With regard to ethnic origin, 82% of the respondents are Bulgarian, one tenth are Turks, and around 7% Roma (*Table 1, Appendix 2A*). Some 84% of the respondents speak mainly Bulgarian at home, while 11% speak Turkish (*Table 2, Appendix 2A*). Over two-thirds of the respondents were hired workers in agriculture and forestry before retiring, as well as unskilled workers (*Table 3, Appendix 2A*). Considering these people's monthly pension size, it is interesting to note that they also include university graduates and freelancers (1%), as well as middle ranking specialists and low-ranking managers (around 4%). Trade and service employees comprised about 6% of the respondents.

TABLE 13. TYPE OF SETTLEMENT (%)

Village	45.7
Town	27.4
District center	20.0
Sofia	6.8

Base N=1023

TABLE 14. AGE OF RESPONDENT (%)

65-69	19.5
70-74	27.8
75-79	25.0
80-84	16.7
85-89	7.2
90 and over	3.3
<i>Refused</i>	0.1
<i>No answer</i>	0.4

Base N=1023

4.1.2. COMPOSITION OF HOUSEHOLD OF RESPONDENTS

Just over half of the studied pensioners live alone and about one third live in two-member households (*Table 15*). In general, the respondents live with their spouses, and to a lesser extent with their children or grandchildren (*Table 4, Appendix 2A*).

TABLE 15. NUMBER OF HOUSEHOLD MEMBERS

	Number	%
One (respondent lives alone)	534	52.2
Two	333	32.6
Three	81	7.9
Four	32	3.1
Five and more	43	4.2

Base N=1023

The majority of the respondents state that they are the head of the household in which they live (68.5%), i.e. they are chiefly responsible for its upkeep and support (*Table 16*). The spouses of the respondents or a younger relative contribute to the household to a much smaller extent, which shows that the studied households rely mainly on the income of the interviewed pensioners.

TABLE 16. HEAD OF HOUSEHOLD OF RESPONDENT

	%
Respondent	68.5
Wife/husband	19.3
Son/Daughter	7.8
Father/Mother	0.2
Sister/brother	0.2
Grandchildren	0.5
Other relative	0.1
Sister-in-law/brother-in-law	2.5
Other non-relative	0.3
<i>Don't know / No answer</i>	<i>0.6</i>

Base N=1023

The majority of the studied pensioners (82.2%) state that no member of their households is unemployed or disabled (*Table 17*). However, a relatively large group of respondents – 17.5%, are additionally hampered in financial respect due to having unemployed or disabled persons as members of their households. The share of households with two or three members in an unequal position is 3.1% and 0.7%, respectively.

TABLE 17. AT PRESENT, ARE THERE ANY MEMBERS OF YOUR HOUSEHOLD WHO ARE...? (%)

	Yes	No
Your disabled/invalid offspring	2.6	97.4
Your unemployed offspring (children / grandchildren)	11.1	88.9
Your grandchildren without parent/s	1.2	98.8
Your grandchildren of unemployed parents	3.6	96.4
Your elderly parents	0.1	99.9
Your disabled/invalid spouse	2.6	97.4
Other dependents requiring home care	0.7	99.3
None of the above	82.2	17.8
<i>Don't know</i>	0.1	99.9
<i>No answer</i>	0.2	99.8

Base N=1023

A relatively small part of the studied pensioners (5.4%) state that they provide financial or material support for other relatives, friends or neighbors who are not part of their household (*Table 18*). Nine of the respondents state that they provide more than one type of support, i.e. they provide both financial support, as well as support in the form of food or non-food.

TABLE 18. AT PRESENT, ARE YOU PROVIDING FINANCIAL OR MATERIAL SUPPORT FOR ANY OTHER RELATIVES, FRIENDS, NEIGHBORS WHO ARE NOT PART OF YOUR HOUSEHOLD? (%)

	Yes	No
No	93.6	6.4
Yes, financial support (money)	2.1	97.9
Yes, food	3.8	96.2
Yes, non-food/material, medicines, etc.	0.4	99.6
Other	0.1	99.9
<i>Don't know</i>	0.1	99.9
<i>No answer</i>	0.7	99.3

Base N=1023

4.2. IMMOVABLE PROPERTY OF THE HOUSEHOLD (RESIDENCE, LAND, PRIVATE FARM). OWNERSHIP AND LIVING STANDARD (POSSIBILITY FOR UPKEEP OF HOUSING – TAXES, OVERHEADS, HEATING).

The majority of the respondents (80.2%) live in their own homes, and three in every 100 respondents rent a place. Another 16.4% live in the home of relatives and do not pay rent (*Table 5, Appendix 2A*). One third each of those who rent a place pay a monthly rent of either up to 10 Leva or between 11 and 20 Leva. Despite the relatively low rent, 28.6% state that they have difficulty paying it in this group of pensioners (*Table 6 and Table 7, Appendix 2A*).

The amounts paid in property tax in the past year by the households of respondents owning their own homes, varied between 1.00 and 280 Leva. Half of the households, however, have paid up to 20 Leva for immovable property tax and refuse collection fees (*Table 19*). Two-thirds of the households which paid property taxes last year did so in one installment, and a small part of this group (1.2%) was unable to pay the entire due amount (*Table 20*).

TABLE 19. APPROXIMATELY HOW MUCH DID YOUR HOUSEHOLD PAY FOR TAXES (TAX FOR BUILDINGS, GARBAGE TAXES) IN THE LAST YEAR? (%)

Up to 10 Leva	29.9
11 to 20 Leva	18.8
21 to 50 Leva	12.6
Over 50 Leva	4.1
<i>We haven't paid taxes in the last year</i>	5.6
<i>Don't know</i>	27.1
<i>Refused</i>	0.1
<i>No answer</i>	1.8

Base N=820

TABLE 20. DID YOUR HOUSEHOLD PAY THE ENTIRE AMOUNT DUE FOR TAXES IN THE LAST YEAR? (%)

Yes, in one installment	65.2
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Yes, in more than one installment	11.8
No	1.2
<i>Don't know</i>	6.2
<i>No answer</i>	15.6

Base N=774

Table 8 of Appendix 2A shows the amounts due for property tax for the current year. The majority of respondents who have already received a notification from the municipality about their immovable property tax and refuse collection fee, state that paying the whole amount will not present a problem to them (41.1%), and another 5% have already paid it. **For one fifth of these persons, however, this is an unbearable material burden, which cannot be shouldered by the household.** A large share can only afford to pay only part of the due property taxes in (Table 21). The comparison with data of paid sums for the previous year shows that for one reason or another **property tax is becoming an insurmountable material burden for a large part of the studied target group.**

TABLE 21. CAN YOU AFFORD PAYING THE AMOUNT DUE FOR TAXES? (%)

Yes, the whole amount	41.1
Yes, but only part of the amount	13.2
No, I can't afford paying it	19.3
I have already paid it	5.3
<i>Don't know</i>	10.1
<i>No answer</i>	11.1

Base N=704

Almost all respondents (96%) state that they have been living for more than five years in their present home. The reasons for the move of those pensioners who have been living in their present home for less than a year are linked to the wish to cut expenses, since their previous residence/dwelling was too expensive, as well as with impoverishment and the separation of households (Table 9 and Table 10, Appendix 2A).

The main sources of heating of the studied pensioners are wood, as well as coal. **Less than 1% of the respondents had no heating of any kind of throughout the whole of January 2002 (Table 22).** Wood and coal also are additional sources of heating, i.e. **both as basic and additional sources the studied pensioners prefer to use the relatively cheapest resource for heating.** Over 60% of the respondents, however, only had one source of heating (Table 11, Appendix 2A).

TABLE 22. WHAT WAS YOUR PRIMARY SOURCE OF HEAT IN JANUARY? (%)

Wood	59.3
Coal	19.0
Electricity	13.4
Central Heating	6.9
Naphtha	0.2
Gas	0.1
Local heating	0.4
Has no heating at all	0.7

Base N=1023

Woods and coals are main source of heating with village inhabitants, while electricity and central heating are used mainly by the pensioners living in town (*Table 1, Appendix2B*).

The sources of income used by the interviewees to pay the expenses for the heating of their homes in January 2002 vary (*Table 23*). For nearly two-thirds of the pensioners, however, this is their own pension. **One in every six respondents relies on social assistance in order to cover his/her heating expenses. Another 6% have not paid any because they gathered their own wood.** The share of pensioners who were unable to pay their heating expenses is relatively low (2%). Despite the fact that heating expenses in winter are considerable, the majority of respondents state that they have not cut their heating expenses (41.2%). This is a sign that **the mechanisms used by pensioners to cope with this concrete problem situation have been exhausted to a large extent.** Still, a large part of the respondents have reduced the hours of heating (37.2%) or have cut off the heating in some of the rooms (21.9%). Uniting two households by moving together in one home in order to cut heating expenses is not a popular mechanism (*Table 24*). About 8% of the respondents have taken more than one measure in order to pay less for heating.

TABLE 23. WHAT IS THE ONE MAIN SOURCE YOU USED TO PAY YOUR HEATING EXPENSES IN JANUARY? (%)

Pension	64.2
Income other than pension	4.8
Savings	1.2
Social assistance	15.7
Support from friends/relatives	5.2
Did not pay, gathered own wood	6.0
Other	0.6
We can't afford to pay for the heat	1.8
<i>No answer</i>	0.5

Base N=1016

TABLE 24. HOW DID YOU REDUCE YOUR HEATING BILLS THIS WINTER? (%)

Did not reduce heating bills	41.2
Moving into somebody else's house	1.1
Having somebody move into your house	0.8
Limiting amount of time per day you heat	37.2
Closing off heating to some rooms	21.9
Other	1.2
<i>Don't know</i>	1.7
<i>No answer</i>	3.5

Base N=1016

Town residing pensioners have cut their heating costs to a higher extent compared to those in village this winter – the share of those having reduced the time used to heat their homes and of those having switched the heating of some of the rooms off is higher with town inhabitants (*Table 2, Appendix 2B*).

The amounts paid for wood and coal are shown in *Table 12, Appendix 2A*. They vary between 7,00 and 800 Leva, the majority of people buying coal or wood this winter having paid up to 150 Leva (64%).

The highest share – one third - is comprised of the households of pensioners who live in two-room flats (bedrooms, living rooms or kitchens, not counting bathrooms, balconies and corridors), and nearly 30% inhabit a single room. Over three-quarters of the interviewees, however, heat only one room of their home (*Table 13, Appendix 2A*). Here we have yet another protective mechanism for coping with a problem situation.

Nearly 60% of the respondents heated their homes up to 13 hours a day in January 2002. Only 13.4% of the interviewed pensioners had heating 24 hours a day (*Table 25*). The same **share of respondents (13.1%) was left without heating this winter because they were unable to afford it** (*Table 14, Appendix 2A*).

The average number of hours when pensioners heated their houses is 12.53.

Over half the pensioners who were left completely without heating due to financial difficulties, had none for up to one week this winter (the period from November to the end of February), while one quarter had no heating for a period of up to two weeks (*Table 15, Appendix 2A*).

TABLE 25. USUALLY HOW MANY HOURS PER 24 HOURS DID YOU HEAT YOUR DWELLING IN JANUARY?

Number of hours	%
Up to 6 hours	14.1
7 to 9 hours	16.0
10 to 12 hours	29.4
13 to 18 hours	16.3
Over 18 hours	16.2
<i>Don't know</i>	7.4
<i>No answer</i>	0.7

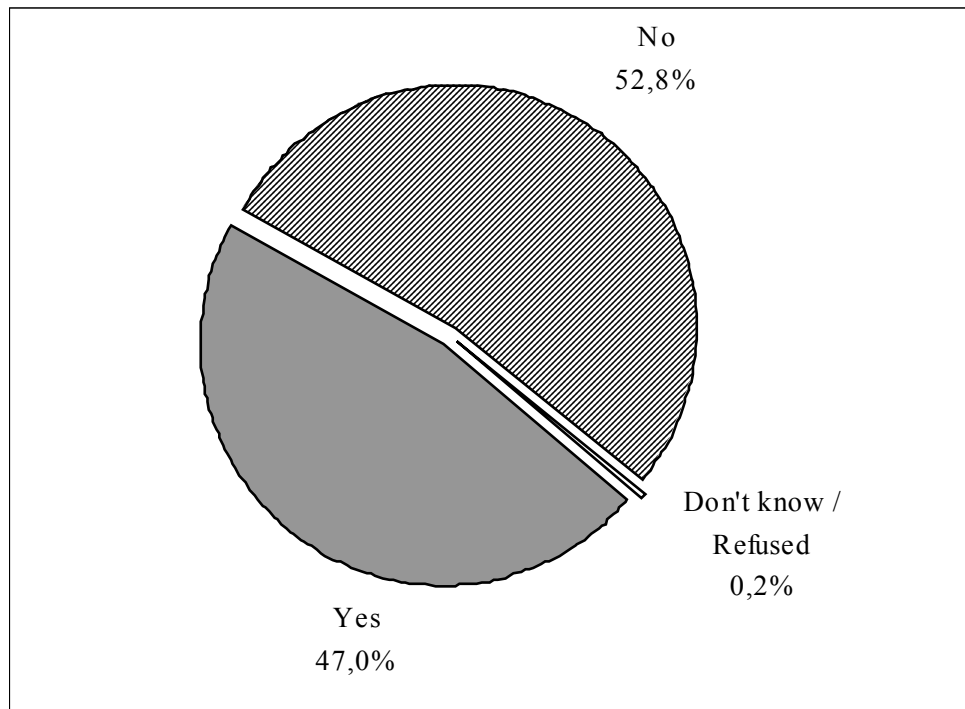
Base N = 1016

Town residing pensioners had left without heating to a higher extent due to financial shortage – 16.2% of the persons surveyed in town compared to 9.4% of village elders. (*Table 3, Appendix 2B*). It can be explained by the fact that village residents use cheaper heating sources, such as woods and coals, while town residing pensioners use relatively more expensive electricity and central heating.

Only three of all respondents let a room in their home. Another four pensioners let another house, apartment or villa. The same number of pensioners let other dwellings that are not used for living (e.g. shop, storeroom or garage) – *Table 16, Appendix 2A*.

Nearly half the respondents state that their household owns land (farmland, a kitchen garden or countryside house plot) – *Figure 3*.

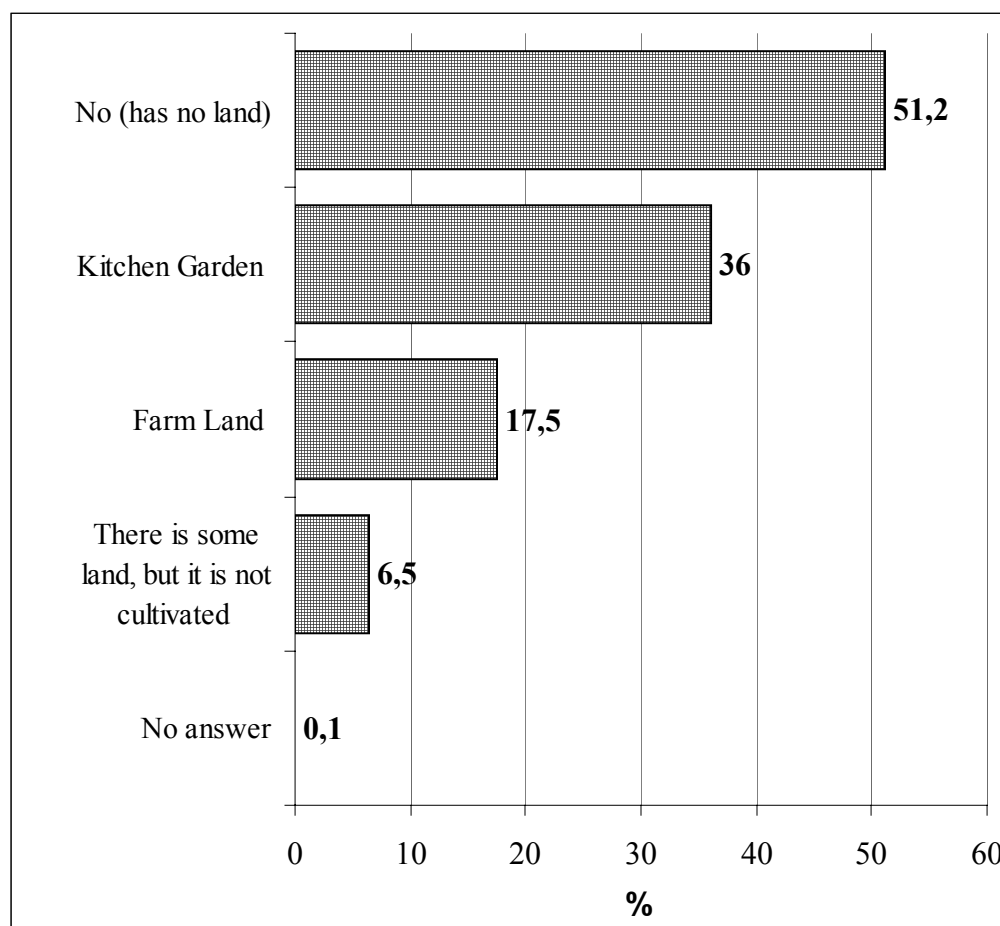
FIGURE 3. DOES ANYONE IN YOUR HOUSEHOLD OWN ANY PLOTS OF LAND (FARM LAND, KITCHEN GARDEN)?



Base N = 1023

57.7% of the interviewed pensioners do not own land or their land is not being cultivated. Above one-third state that their households own a kitchen garden, and nearly 18% have farmland (*Figure 4*). The share of pensioners who own both a yard plot and farmland is 11.3% (*Table 17, Appendix 2A*).

FIGURE 4. DOES YOUR HOUSEHOLD HAVE ANY LAND AVAILABLE TO PRODUCE FOOD FOR SALE, NATURAL EXCHANGE (BARTER) OR YOUR OWN CONSUMPTION E.G. A KITCHEN GARDEN, FARM LAND, OR NO LAND?



Base N = 1023

The majority of town residing pensioners do not possess any kind of land (69.9%). The respective share of village inhabiting pensioners owning no land is 29.1%, taking into account that the village residents own mainly backyards (56.6%) – *Table 4, Appendix 2B*.

Nearly 43% of the respondents who have land, own up to 0.1 hectares (*Table 18, Appendix 2A*). Just as many state that they will plant up to 0.1 ha of their land. Nearly 30% of pensioners owning land, however, cannot or refuse to say how much of it will be planted/sown this year (*Table 19, Appendix 2A*).

The respondents who will plant their land state that the crop will be used mainly for home consumption. Only 6% of this group will sell their agricultural production, and another 4% will use it as barter (*Table 20, Appendix 2A*).

The main reason for not working their own land is the physical inability of the elderly (*Table 21, Appendix 2A*).

Summarizing the information about the immovable property of the households of the studied pensioners (residence/land) in relation to their living standard, the following conclusions may be drawn:

- The majority of respondents inhabit their own homes (80.2%) and the heaviest burden for this group is the payment of heating expenses in winter.
- Although not a large share, a part of the pensioners do nevertheless have financial problems due to the rent they pay for their homes.
- Property taxes and fees are becoming an increasingly bigger problem for the elderly due to the growing inability to pay their dues.
- A part of the pensioners will not plant the land they own due to physical inability. The crop will mostly be used for home consumption.

4.3. INCOME AND SAVINGS OF HOUSEHOLD

Over 82% of the interviewed pensioners have a monthly pension of up to 50 Leva, and **for over two-thirds of the respondents, their pension is the main, highest source of income.** The size of the main income of the households of the interviewees in January varies between 30 and 1,000 Leva, this amount being below 50 Leva for nearly 60% (*Table 22, Table 23 and Table 24, Appendix 2A*). The additional incomes of the studied households range from 6.00 to 375 Leva, the additional incomes of the household in January being below 50 Leva for nearly 70% of the pensioners (*Table 25, Appendix 2A*).

Table 26, Appendix 2A shows the sources of additional incomes for the households of the studied pensioners. The highest share is comprised of social assistance benefits received personally, of allowances for widows/ers and of their own pension. A total **44.4% of the interviewees declare only one additional source of income for January**, the share of household with two additional sources comprises over one third, and 8.2% of the pensioners have no other income apart from their own pension (*Table 26*).

TABLE 26. NUMBER OF ADDITIONAL SOURCES OF INCOME FOR THE HOUSEHOLDS OF RESPONDENTS

	%
No other sources of income, except the main source	8.2
1 additional source of income	44.4
2 additional sources of income	33.9
3 additional sources of income	8.9
4 additional sources of income	3.1
5 additional sources of income	0.5
6 additional sources of income	0.1

Base N = 1023

The majority of the households of the respondents – 92.7% - do not have any cash savings. A mere 3.7% (38 persons) had savings of between 3.00 and 2,000 Leva, and five of the 1,023 interviewed pensioners spent part of their savings in January 2002 (*Table 27 and Table 28, Appendix 2A*).

The main reason for refraining from spending savings is the lack of them, and 3.0% had no need to spend any of their savings. A small part (1.2%) state that they are keeping these savings “for a rainy day” or “for a funeral” (*Table 29, Appendix 2A*).

The majority of the respondents did not receive any support from relatives or friends in January 2002 (76.2%). The largest share among those who were helped by their families received food, while twice fewer pensioners received either financial support or heating materials (*Table 30, Appendix 2A*). **One in every seven interviewees received only one type of support from relatives/friends in January**, and 7% were supported in two ways (*Table 31, Appendix 2A*).

Concerning the income support received from the municipality/social assistance, over half the interviewees (52.8%) did not receive any support from these state institutions in January 2002. A total **42.6% of the studied pensioners, however, received at least one type of support from the municipality or social assistance** and 4.1% two types of support (*Table 32, Appendix 2A*). The highest share – one quarter of the pensioners - received social support in the form of money for heating in January (*Table 27*). One in every six pensioners received cash benefits for covering the electricity bill (42.3% of this group use mainly electricity for heating).

TABLE 27. DID YOUR HOUSEHOLD RECEIVE ANY SUPPORT FROM THE MUNICIPALITY / SOCIAL ASSISTANCE IN JANUARY? (%)

	Yes	No
Financial (money) for covering the telephone bill	1.6	98.4
Financial (money) for covering the electricity bill	15.5	84.5
Financial (money) for covering the bill for heating	3.5	96.5
Food	1.0	99.0
Clothes	0.1	99.9
Heating materials (coal, wood, gas, etc.)	25.0	75.0
Medicine	4.0	96.0
Other	1.8	98.2

Base N = 1023

Concerning the aid granted in form of financial support for heating by the Municipality or Social Care Services, the share of village households given such support by the state institutions is higher than those of town residents (*Table 5, Appendix 2B*).

The amounts received from the municipality/social assistance are shown in *Table 34, Appendix 2A* and are as follows:

- For paying the telephone bill – between 2.00 and 14 Leva
- For paying the electricity bill – between 3.00 and 74 Leva
- For paying the central heating bill – between 5.00 and 37 Leva.

Only a small part of the interviewees received any kind of support from humanitarian organizations/foundations in January – 1.3% (13 persons). The type of provided support differs, mostly food (4 persons) and medicines (5 persons) -*Table 35, Appendix 2A*.

The majority of the interviewees did not sell anything in the first month of 2002 (98.7%), and 13 of the total 1,023 studied pensioners sold mainly property/belongings. The main reason why the households of the studied pensioners did not sell anything in January, is the lack of belongings/goods for sale, and 11% had no need to sell any possessions for the purpose of generating additional incomes (*Table 36 and Table 37, Appendix 2A*).

4.4. HOUSEHOLD EXPENDITURES. EXPENSE PRIORITIES

The results of the study show that the majority of the households of the interviewed pensioners did not spend money on anything except food, heating, overheads and medicines (shares between 80 and 98%) (Table 28). A total 17.2% of the respondents had transport expenses, one in every ten spent money on alcohol or cigarettes. Merely about 1% of the pensioners spent money from their monthly incomes on entertainment, social or cultural events.

TABLE 28. HOW MUCH DID YOUR HOUSEHOLD SPEND IN JANUARY ON:

	Expenses in January (in Leva) *					Haven't spent
	<i>Up to 20</i>	<i>20-40</i>	<i>40-60</i>	<i>60-80</i>	<i>Over 80</i>	Base: 1023
Clothes	57.1	20.0	20.0	2.9	0	95.6
Entertainment / social or cultural events	84.6	15.4	0	0	0	97.8
Alcohol, tobacco	85.2	11.1	2.8	0	9	87.5
Schooling for children (school, lessons, etc.)	40.0	12.0	24.0	4.0	20.0	96.4
Transportation	90.3	7.4	1.1	0.6	0.6	80.4
Other	78.4	7.8	5.9	3.9	3.9	89.6

* Relative share of respondents who have made expenses other than food, heating, overheads, medicines.

The money spent by the studied pensioners on items other than food, heating, the payment of various household bills and medicines are as follows:

- On clothes – between 7.00 and 80 Leva (a total 3.4% of the interviewees had this expense in January 2002);
- On entertainment – between 6.00 and 30 Leva (1.3% of the interviewees);
- On alcohol and cigarettes – between 2.00 and 90 Leva (10.6% of the interviewees);
- On schooling for children – between 4.00 and 300 Leva (2.4% of the interviewees);
- On transportation – between 1.00 and 100 Leva (17.2% of the interviewees);
- Other – between 1.00 and 150 Leva (5.0% of the interviewees).

The option “Other expenses” was chosen by respondents who in January spent money on detergents, hygiene materials and disposable pampers for adults, cosmetics, home repairs, repairs of electrical appliances (cooker, refrigerator, washing machine, etc.) other minor repairs (faucet, lock, etc.), general expenses in the residential building (lift, cleaner, staircase

electricity), gifts, animal feed, caregiver, as well as for more expensive treatment – eye surgery, treatment of a relative or friend.

Almost three-quarters of the households of the studied pensioners did not make any of the above-mentioned expenses in January, less than one fifth of the respondents spent money on only one of these six items, and 6.5% of the households spent money on two of the six items (*Table 29*). **This evidences shrinking consumption as a result of the straitened circumstances of the studied elderly people.**

TABLE 29. STRUCTURE OF EXPENSES NOT INCLUDING THOSE ON FOOD, MEDICINES AND HEATING

	%
Have not spent on any of the 6 above-mentioned expenses	72.3
Have spent only on one of the 6 above-mentioned expenses	18.9
Have spent only on two of the 6 above-mentioned expenses	6.5
Have spent on three of the 6 above-mentioned expenses	1.4
Have spent on four of the 6 above-mentioned expenses	0.6
Have spent on five of the 6 above-mentioned expenses	0.3

Base N = 1023

As it is shown by the data given in *Table 6, Appendix 2B*, both town and village inhabitants under survey have equally restrained from spending money on clothes, entertainments (social and cultural events), as well as on children education in the households. There are differences with regard to the expenditures concerning transport and liquor/cigarettes with pensioners inhabiting different types of settlements – with town residents those two types of expenses are relatively higher.

The data about the structure of expenses for public services of the households of the studied pensioners shows that water and electricity bills weigh least on the family budget - over two-thirds of the interviewees state that their households have fully paid their last bills for these two utilities (*Table 30*). **A large part of the households, however, have been unable to pay fully or have paid only part of the due sums, and in some cases the respective bill is paid in full by other people outside the household of the studied pensioners.**

TABLE 30. WHICH OF THE LAST BILLS RECEIVED BY YOUR HOUSEHOLD (FOR ELECTRICITY, HEAT, WATER, TELEPHONE) COULD YOU AFFORD TO PAY?

Services	Paid the whole amount	Paid part of the amount	I couldn't afford to pay	The bill was paid by somebody else, who is not a member of the household	Do not use the service	Don't know	Refused	No answer
Telephone	48.7	1.2	0.9	3.0	44.6	1.1	0.1	0.5
Electricity	75.7	7.0	5.2	7.6	0.5	2.4	0.2	1.4
Heat	3.1	1.8	1.3	0.8	92.4	0.5	0.1	0.1

Water	78.1	1.3	8.3	5.4	1.8	3.9	0.1	1.2
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Base N = 1023

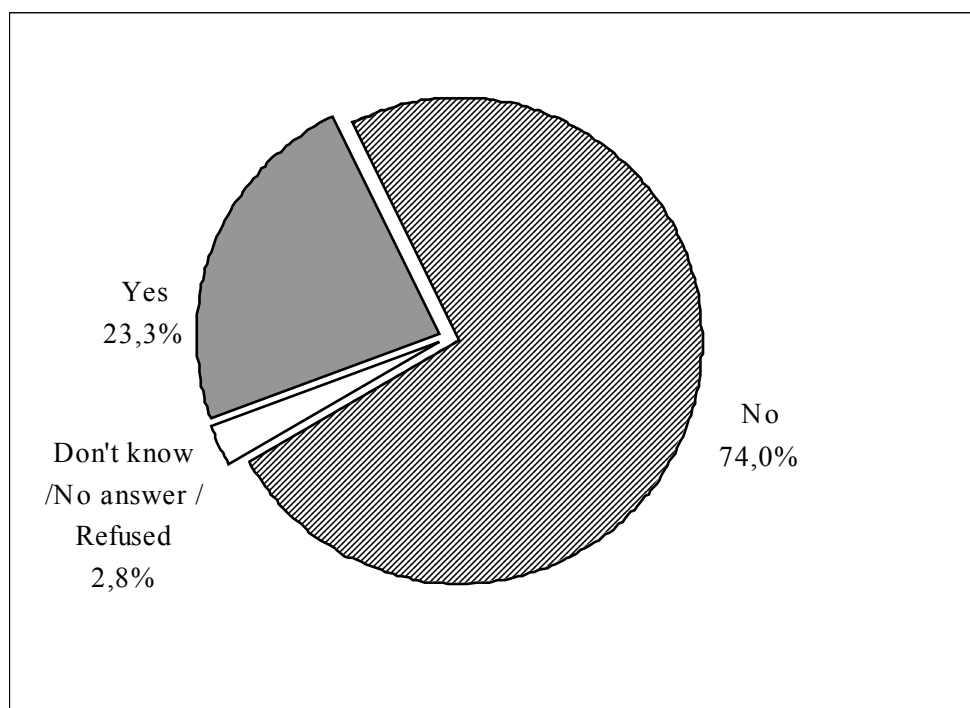
Village residing pensioners have been able to pay completely their bills for water and electricity to a higher extent when compared to town inhabiting pensioners, while the option “I couldn’t afford to pay the bill” has been pointed out relatively more often in towns (*Table 7 and Table 8, Appendix 2B*).

The amounts paid by the households of the studied pensioners for the last received bills are as follows:

- Telephone – between 1.00 and 83 Leva (49.9% of the studied households had this expense, and almost two-thirds paid up to 10 Leva);
- Electricity – between 1.00 and 600 Leva (82.7% of the studied households had this expense, with more than half – 54.3% - paying up to 14 Leva);
- Central heating – between 3.00 and 180 Leva (4.9% of the studied households had this expense, half of these households setting aside up to 46 Leva for heating);
- Water – between 1.00 and 107 Leva (79.4% of the studied households had this expense, more than half – 53.9% - paying up to 5.00 Leva) – *Table 38, Appendix 2A*.

Nearly one quarter of the studied pensioners borrowed money in January (*Figure 5*) and 17.5% of the households had some debts at the time of the study. The amount of debts varies between 2.00 and 2,000 Leva. The data show that a part of the households, which borrowed money in January 2002, were able to repay them (*Table 39 and Table 40, Appendix 2A*.)

FIGURE 5. IN JANUARY, HAS YOUR HOUSEHOLD BEEN BORROWING MONEY?



Base N = 1023

The share of households that borrowed some money in January is lower in towns – 24.7% versus 21.8% of the village residents (*Table 9, Appendix 2B*). The same trend is observed regarding the debts of the pensioners surveyed – again a higher share of households having debts has been registered in towns (19.5% versus 15.2% of village households) – *Table 10, Appendix 2B*.

4.5. FOOD CONSUMPTION AND EXPENDITURE. NUTRITION OF HOUSEHOLD. STRUCTURE AND FREQUENCY OF MEALS.

Half of the studied pensioners households have stated that they spent up to 50 Leva on food in January. Nearly 8% of the households spent over 100 Leva on food (*Table 31*). For those who cited an amount for food expenses in the first month of 2002, **the average monthly expenditure is calculated at 59 Leva** (standard deviation 44.8). There are several factors, which could explain the relatively high standard deviation. These are: 1) Income differences of respondents; 2) Differences in expenditure priorities. For example, some pensioners buy medicines first and then buy food; 3) Part of the households declare a monthly income over 100 Leva; 4) Size of households is different.

Table 32 shows the average monthly food expenditures per household member – **over two-thirds of the households spent up to 40 Leva on food for each of their members in January 2002.**

TABLE 31. APPROXIMATELY HOW MUCH MONEY DID YOUR HOUSEHOLD SPEND ON FOOD IN JANUARY?

Leva	%
Up to 30	22.0
30 – 60	35.8
60 – 100	16.3
100 – 130	2.3
130 – 200	4.8
Over 200	0.7
<i>We didn't spend anything (we ate from our reserve /stocks; own home production; other people brought us food)</i>	0.7
<i>Don't know</i>	15.9
<i>Refused</i>	0.2
<i>No answer</i>	1.3

Base N = 1023

TABLE 32. EXPENSE ON FOOD PER ONE HOUSEHOLD MEMBER IN JANUARY, 2002

Leva	%
Up to 15	8.7
16 – 20	14.0
21 – 30	25.6
31 – 40	21.5
41 – 50	16.7
Over 50	13.5

Base N = 838

The majority of the studied households (58.3%) could not afford to buy meat, sausages, poultry or fish for home consumption in January. However, a fairly large share of the households – 41.3% - bought meat, poultry or fish products in the first month of 2002 and just over 8% of the households bought these products at least once a week (*Table 41, Appendix 2A.*) For 91% of the interviewed pensioners the main reason to deprive themselves of these products during the period under review is the lack of money, and a small part – 5.8% - have their own reserves or private farm plot which supplies them with meat and poultry products (*Table 42, Appendix 2A.*)

The type of settlement was not a factor affecting the pensioners' capability to buy meat, sausages, poultry or fish to provide household feeding, i.e. the majority of both town residing (57.8%) and village households (58.8%) have equally had the same financial shortages to purchase the products mentioned (*Table 11, Appendix 2B.*)

Regarding meal frequency the data shows that the majority of the studied pensioners had breakfast, lunch and dinner on the day before the interview (shares between 79 and 94%). Most of the interviewees did not have any snacks between the three main meals (*Table 43, Appendix 2A.*) Only one pensioner said he had no meals on the previous day, about one fifth of the respondents had only two meals, and 12% reported food intake more than three times a day (*Table 33.*)

TABLE 33. NUMBER OF MEALS OF THE SURVEYED PENSIONERS FOR ONE DAY

	No of respondents	%

Have no meals for the day	1	0.1
One meal for the day	32	3.1
Two meals for the day	200	19.6
Three meals for the day	667	65.2
Four meals for the day	89	8.7
Five meals for the day	27	2.6
Six meals for the day	4	0.4
Seven meals for the day	3	0.3

Base N = 1023

No significant differences have been observed between the number of feedings and the time of feeding within a day of the pensioners residing in various types of settlements – towns and villages. The share of town residing pensioners that have had a breakfast and a supper in the day preceding the survey is slightly lower than the relevant shares of village inhabiting pensioners:

- A breakfast had 82.3% of village residing pensioners and 76.9% of town residing pensioners;
- A lunch had 91.9% of village residents investigated and 94.8% of town respondents;
- A supper had respectively 94.2% and 92.6% of village and town residing pensioners (*Table 12, Appendix 2B*).

The results concerning the number of meals a day in themselves cannot provide an accurate picture of the eating habits of pensioners, without taking a closer look at the types of consumed products. *Table 44, Appendix 2A* shows the types of products, which the respondents consumed during the last 24 hours and during the week before the interview. The main products consumed during the day before the interview are:

- 1) Bread
- 2) Cooking oil or other fat / lard / margarine (excluding butter)
- 3) Sugar or honey
- 4) Cheese, yogurt or milk or other dairy products (excluding butter)
- 5) Potatoes or potato soup.

All other products are cited by less than 50% of the respondents. These data are indicative of the **limited and poor daily eating habits of the elderly, lacking in important nutritive components**.

According to the data concerning consumption during the last week, the share of all studied products has increased. Despite the observed increase (i.e. heightened consumption) both during the preceding day and during the preceding week, the majority of the studied pensioners deprived themselves of staple foods and basic components such as:

- Meat and or meat products, sausages (excluding chicken) – 71%;
- Poultry (chicken, etc.) – 72.3%;
- Fish – 89.6%;
- Butter – 87.4%;
- Fresh fruit – 85.0%;

- Fresh vegetables – 85.5%;
- Fruit juices – 93.5%;
- Condiments, sauces, such as mayonnaise, ketchup – 89.9%.

No significant differences have been recorded in the types of foodstuffs consumed during the day and the week preceding the survey according to the settlement type of the pensioners interviewed. The more important differences are:

- Village residing pensioners have consumed eggs, canned fruit and canned vegetables (during both periods of survey) to a higher extent;
- The consumption of meat, meat products, sausages, poultry meat and fresh vegetables is slightly superior among the interviewed persons from the villages;
- The share of town residing pensioners consumed rice or paste products during the last week is slightly higher;
- The share of village inhabiting persons interviewed showing that they have consumed beans, peas, lentils, as well as cheese, milk and other milk products (less butter) during the last 24 hours is slightly higher. Regarding the quantities of these products consumed during the last week, however, the share of town and village residing pensioners is approximately the same;
- In the period of the last week the share of town residents interviewed who have consumed seasonings or sauces, such as mayonnaise or ketchup is higher (*Table 13, Appendix 2B*).

The data described above show that the consumption of foodstuffs by village residing pensioners is more varied when compared to that of town residents interviewed and the reason for this can be attributed to a great extent to their own production of agricultural crops or animals.

Table 34 shows the number of the groups of food products, consumed by the pensioners during the two periods (the 24 hours preceding the interview and the preceding week). **The variety of the consumed food increases with the length of the period for which information is collected.**

TABLE 34. NUMBER OF FOODS (OR FOOD GROUPS), CONSUMED BY THE SURVEYED PENSIONERS DURING THE LAST 24 HOURS AND DURING THE LAST WEEK

	During the last 24 hours		During the last week	
	Number	%	Number	%
None	1	0.1	-	-
Only one kind of food	8	0.8	1	0.1
Two kinds of food	48	4.7	9	0.9
Three kinds of food	123	12.0	20	2.0
Four kinds of food	138	13.5	23	2.2
Five kinds of food	174	17.0	44	4.3
Six kinds of food	179	17.5	69	6.7
Seven kinds of food	158	15.4	117	11.4
Eight kinds of food	93	9.1	109	10.7
Nine kinds of food	47	4.6	121	11.8
Ten kinds of food	32	3.1	148	14.5
Eleven kinds of food	11	1.1	148	14.5
Twelve kinds of food	7	0.7	81	7.9
Thirteen kinds of food	4	0.4	73	7.1
Fourteen kinds of food	-	-	32	3.1
Fifteen kinds of food	-	-	14	1.4
Sixteen kinds of food	-	-	10	1.0
Seventeen kinds of food	-	-	4	0.4

Base N = 1023

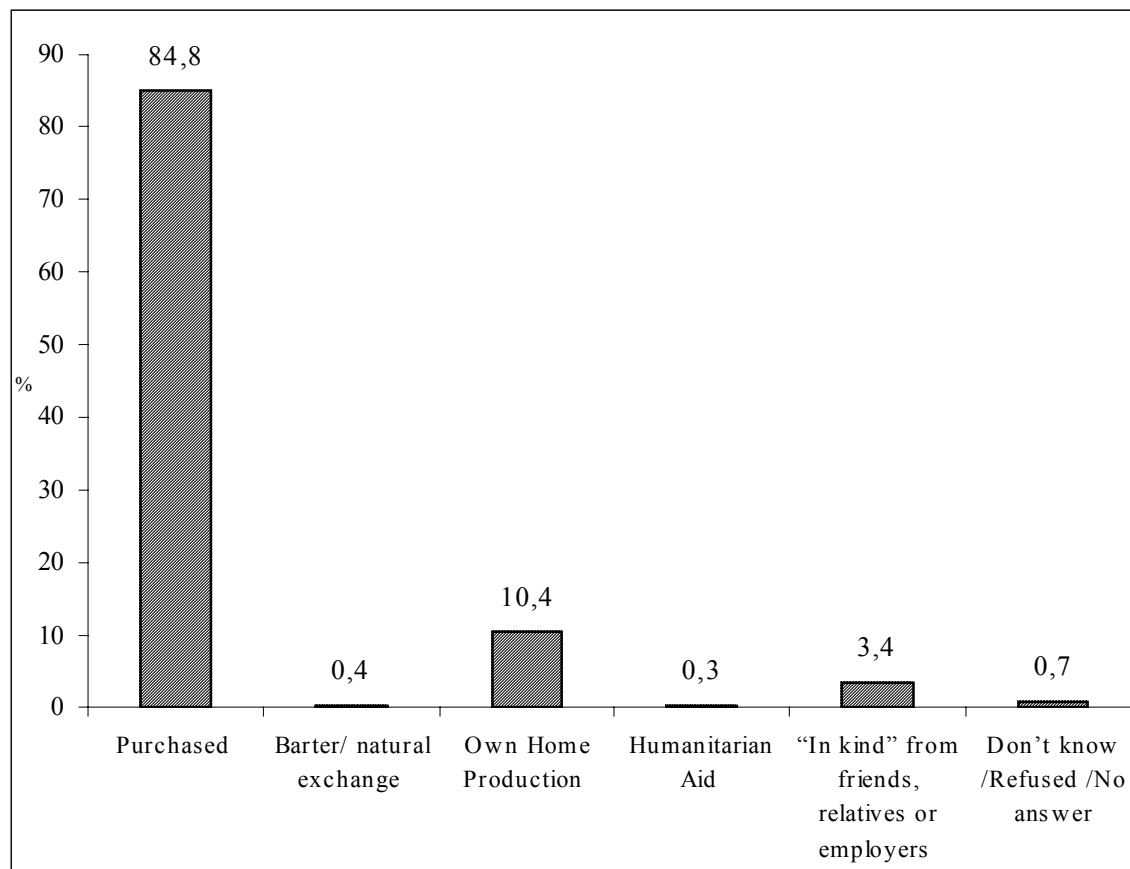
The quantities of food products in the households of the studied pensioners vary greatly (*Table 45, Appendix 2A*). **The items stocked least in the households of the studied pensioners are fresh fruit and fresh vegetables, butter, meat/fish/chicken, honey – these products are lacking in the households of 87% - 93% of the respondents.** Conversely, the largest stock consists of salt, cooking oil, sugar, potatoes, grain/flour, beans and macaroni/rice. **The share of the elderly who state that they do not have a single of the said products at home, is relatively small (4.5%), but this is indicative of the extreme poverty of this group of people - Table 46, Appendix 2A.**

About two-thirds of the pensioners have homemade fruit and vegetable preserves, over half the interviewees having up to 30 jars of homemade preserves in stock. A very large share of the respondents, however, do not have any ready-made canned fruit or vegetables bought from the shops (93.5%) - *Table 47, Appendix 2A*.

Some differences can be observed in the share of town and village households having stored some reserve of various foodstuffs. A higher availability has been recorded in village households, such as: cereals/flour, beans, potatoes, fresh fruit and fresh vegetables, vegetable oil, lard/bacon, meat/fish/poultry meat, homemade fruit or vegetable preserves. The pensioners under survey residing in towns have in store higher quantities of: macaroni/rice, margarine, yogurt and some other milk products (*Table 14, Appendix 2B*).

Shopping is the main way in which the households of the studied pensioners obtain food products. One in every ten pensioners subsists mainly on his/her own home production (*Figure 6*).

FIGURE 6. WHAT IS THE PRIMARY SOURCE OF FOOD STORES/FOOD STOCK OF YOUR HOUSEHOLD?



Base N = 1023

Home production and aid in kind from relatives/friends are an important additional source of supplying the respondents' households with food products (Table 48, Appendix 2A). A total of 37.7% of the pensioners do not have any additional means of food supply, and more than half (56.4%) have only one additional means (Table 49, Appendix 2A).

Purchasing is the main source of foodstuffs supply both for town and village residing pensioners. However, considerably higher is the share of town respondents who rely mainly on purchasing food when compared to those in the villages. Contrary, on home made products rely 16.9% of village residents versus only 4.9% of town residents (Table 15, Appendix 2B).

The majority of the studied pensioners do not have/do not breed any livestock (61.3%) – Table 35. Those who own farmland prefer to breed poultry rather than any other livestock.

TABLE 35. DOES YOUR HOUSEHOLD OWN POULTRY (CHICKENS, TURKEY, GEESE, DUCKS) OR LIVESTOCK (COWS, GOATS, SHEEP, PIGS, RABBITS)?

	%
No animals	61.3
Poultry only	18.5
Livestock only	4.2

Both Poultry and livestock	16.0
No answer	0.1

Base N = 1023

The majority of town residing pensioners has no or does not grow any kinds of animals (82.0%). Over one third (36.8%) is the respective share of village inhabiting pensioners. Only poultry or both poultry and animals are grown by 29.5% and 27.4% of the village residents, respectively (*Table 16, Appendix 2B*).

Table 50, Appendix 2A shows the number of poultry raised in the household of the respondent. About one quarter of the interviewees breed 10 chickens/hens/roosters, and a total of over 70% of the pensioners breed less than 10 of these. Only 21 of the 1,023 studied pensioners breed turkeys, 22 breed geese and 10 - ducks. Goats and sheep are among the most commonly bred livestock. Only 8 people have two cows each, but in general the respondents have only one such animal (*Table 51, Appendix 2A*). One fifth of the studied pensioners (20.1%) breed only one type of poultry/livestock, and one in every ten – two kinds of poultry/livestock (*Table 52, Appendix 2A*).

Almost all interviewees use the poultry and livestock bred by them for consumption in the household, and a very small part – for sale or barter (*Table 53, Appendix 2A*). Despite the fact that the majority of respondents who grow crops or breed poultry/livestock state that they use the plant or animal production mainly for home consumption (shares of 88.1% and 98.5% respectively), for almost 44% of this group of people this comprises only a very small part of the food in the household (*Table 54, Appendix 2A*). **Only one in every eight households of those growing crops and breeding animals meets more than half of its food needs through its own production.**

Table 17, Appendix 2B shows what part of household food last year has originated from animals and/or crops grown in the relevant village and town households. Since the share of the households growing any animals or some agricultural products is higher in the villages, a bigger part of the food consumed by those households is of their own production, respectively.

The survey results show an alarming picture regarding the ability of pensioners not only to eat regular and varied meals, but also to have food to eat every day. **One in every seven interviewees did not eat for at least one day in January 2002, and 4% did not eat five and more days during the first month of this year because they had nothing to eat** (*Table 55, Appendix 2A*).

The share of pensioners that had not consumed any food some days in January 2002 because they have had nothing to eat was slightly higher with town residents – 16% compared to 10.6% of the village inhabitants (*Table 18, Appendix 2B*). This is due to the fact that the elderly village population relies on their own production on the one hand, and has lower heating costs in winter season, on the other.

Throughout 2001 only 3.0% of the respondents went to meal services/soup kitchens and 1.3% received food products or other food aid from humanitarian organizations (*Table 56, Appendix 2A*).

The main sources, providing food for the soup kitchens or during aid campaigns are: the Social Assistance service with the municipality/social patronage/social benefits (32 cases of a total 44), the Bulgarian Red Cross (6 cases), another religious institution (one case). In the remaining 5 cases the respondents don't remember where the food came from.

4.6. HEALTH AND HEALTHCARE

In January over two-thirds of the studied pensioners were in need of medical/dental or some other kind of healthcare. Of these, 83.6% were personally examined and received medical attention (*Table 57 and Table 58, Appendix 2A*).

The share of those who were not personally examined by a doctor/dentist despite being in need of this (15.7%) is relatively high, **the main reasons being the expensive medical services and the lack of funds for consultation** (70.2%), as well as the remoteness of the doctor/dentist and the impossibility of the patient to pay him/her a visit (13.2%) (*Table 36*).

TABLE 36. IF NO ONE IN YOUR HOUSEHOLD HAS ACTUALLY HAD A MEDICAL EXAMINATION FROM A DOCTOR/ DENTIST OR OTHER HEALTH CARE PROVIDER, WHAT IS THE ONE MAIN REASON WHY NOT?

	%
No doctors available	1.8
Too expensive	70.2
It is far from my place / no transportation to doctor's place / unable to contact the doctor / unable or difficulties to go to doctor's place	13.2
Consultation by phone	0.9
Other	6.1
<i>Don't know</i>	2.6
<i>No answer</i>	5.3

Base N = 114

The share of town residing pensioners needing physician/dentist or any other kind of medical aid in January is slightly higher – 69.9% versus 64.7% of village inhabitants (*Table 19, Appendix 2B*). Though the share of persons needing medical care among the town residing pensioners is greater, the members of households personally checked by a physician/dentist or any other medical worker among the village inhabiting pensioners is relatively higher (86.9% versus 81.0% of town residents). This shows that not a small part of the town respondents has been dispensed with medical services for some reason or other (*Table 20, Appendix 2B*). A higher share of village residing persons surveyed point out that the lack of medical workers is the reason not to undergo a medical check. **The shortage of financial means and the high price of medical services, however, have prevented to a higher extent town residing pensioners to go for a check/consultation** (74.3% versus 62.5% of village inhabiting pensioners) – *Table 21, Appendix 2B*.

A significant share of the respondents (23.7%) state that they did not pay anything for visits to a doctor/dentist in January, while 61.7% of the households paid a total of 10 Leva for examinations. A total 6.5% of the households paid between 10 and 30 Leva for medical services, and only a negligible share paid more than 30 Leva (1.9%). (*Table 59, Appendix 2A*).

The situation is similar with regard to expenses for medicines and/or medical analyses – 24.5% of the respondents do not report any such expenses in January. The other households,

which had such expenses, fall into three groups – 27.1% spent up to 10 Leva, 29.1% between 10 and 30 Leva, and 5.6% between 30 and 60 Leva. The share of households which paid more than 60 Leva is negligible (2.4%) (*Table 60, Appendix 2A*).

More than half the respondents (53.5%) were able to buy all prescribed medicines, and one-third – only part of them. **Almost one tenth (9.4%) was unable to buy the prescribed medicines, the main reason being their high price and the lack of money.** (*Table 37 and Table 38*).

TABLE 37. IN JANUARY, DID YOU OBTAIN ALL OF THE MEDICINES PRESCRIBED FOR YOU AND OTHER MEMBERS OF YOUR FAMILY?

	%
Yes	53.5
Yes, but only part of the medicines	33.1
No	9.4
<i>Don't know</i>	1.6
<i>No answer</i>	2.4

Base N = 791

TABLE 38. IF NOT OBTAINED ALL OF THE MEDICINES PRESCRIBED FOR YOU AND OTHER MEMBERS OF YOUR FAMILY, WHAT IS THE MAIN REASON FOR THAT?

	%
Not available	0.5
Too expensive	81.5
Difficult to find	1.6
Not needed	3.3
Other	1.1
<i>Don't know</i>	3.0
<i>No answer</i>	9.0

Base N = 368

The majority of the respondents (82.1%) state that they personally or a member of their household do not have a certified category of disability (*Table 61, Appendix 2A*). Despite this, the share of households, which have members with a recognized group of disability (17.8%), is significant (*Table 39*).

TABLE 39. HOW MANY MEMBERS OF YOUR HOUSEHOLD ARE THERE WITH A RECOGNISED STATUS (GROUP) OF DISABILITY:

	One	Two	More than two
Group I with a caregiver allowance	5.2	0.1	0.1
Group I without a caregiver allowance	3.1	0.1	-
Group II	5.9	-	-
Group III	3.8	0.1	-

Base N = 1023

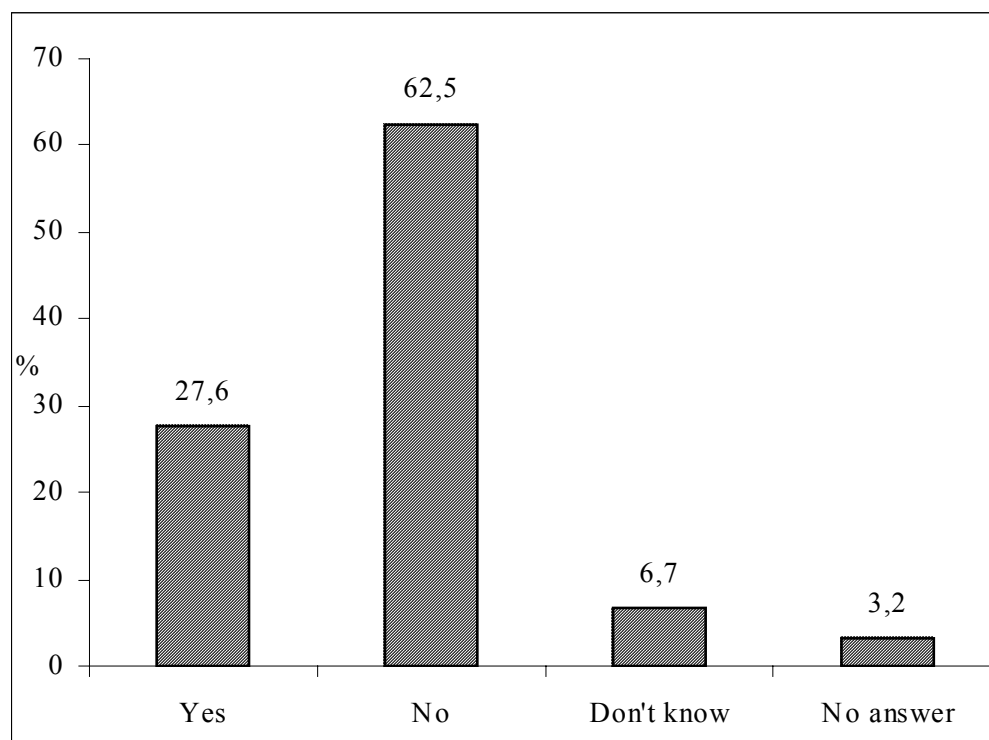
In the households with disabled people, almost one third have a member with certified second group of disability (32.8%), and more than one fourth – a family member with first group of disability who is in need of a caregiver (29.0%). The shares of people with third group of disability (21.3%) and first group but without need for a caregiver (17.5%) are also high (*Table 62, Appendix 2A*).

The town households have a relatively higher share of members with approved category of disability when compared to those residing in villages – 20.2% versus 15.0%, respectively (*Table 22, Appendix 2B*).

4.7. *SOCIAL CONTACTS AND COMMUNICATION. TREND TOWARDS PASSIVE OR ACTIVE PARTICIPATION IN VARIOUS SOCIAL ACTIVITIES*

Among the respondents as a whole there is **a prevalent trend towards a relatively retiring way of life, a limited social circle and passive participation in various social activities**. Despite the fact that the share of the people who did not go outside their home for reasons other than shopping (22%) and of the people who were completely unable to go out (19.9%) is relatively high (*Table 63, Appendix 2A*), nearly two-thirds of the elderly state that they do not miss social contacts and communication (*Figure 7*).

FIGURE 7. DO YOU MISS SOCIAL CONTACTS?



Base N = 1023

Among those who went outside their home for reasons other than shopping, the largest share went out up to 5 times (16.5%), followed by almost equal shares of people who went outside their home between 5 and 10 times (13.3%) and between 11 and 20 times (11.3%) (*Table 63, Appendix 2A*).

The share of town residents showing that they had not gone out of their homes at all is slightly higher – 21.4% versus 18.2% of village respondents. On the other hand, those who have gone out only for shopping represent a slightly higher share in the village (23.7% versus 20.9% of the town residing pensioners) (*Table 23, Appendix 2B*).

A slightly higher is the share of town residing pensioners who declare that they do not miss social contacts – respectively 64.3% versus 60.3% of village residents (*Table 24, Appendix 2B*).

Almost 60% of the elderly were visited in their home by relatives or friends in January 2002. Just over one tenth of the respondents, however, were not visited at all by relatives and/or friends during the month (12.3%). The remaining respondents were visited on average about five times (32.2%) or between 5 and 10 times (15.1%). One quarter of the pensioners were visited but cannot remember how many times (*Table 64, Appendix 2A*).

15.1% of town residents show that they have not been visited by relatives or friends in January 2002, while the respective share of village pensioners investigated is 9.0%.

Almost half of the respondents state that they are communicating with other pensioners (44.7%) and **over one third of the respondents would like to communicate more actively with other pensioners.** A total 14.3% of the elderly have no desire for such contacts (*Table 40*).

TABLE 40. WOULD YOU LIKE TO COMMUNICATE WITH OTHER ELDERLY PENSIONERS?

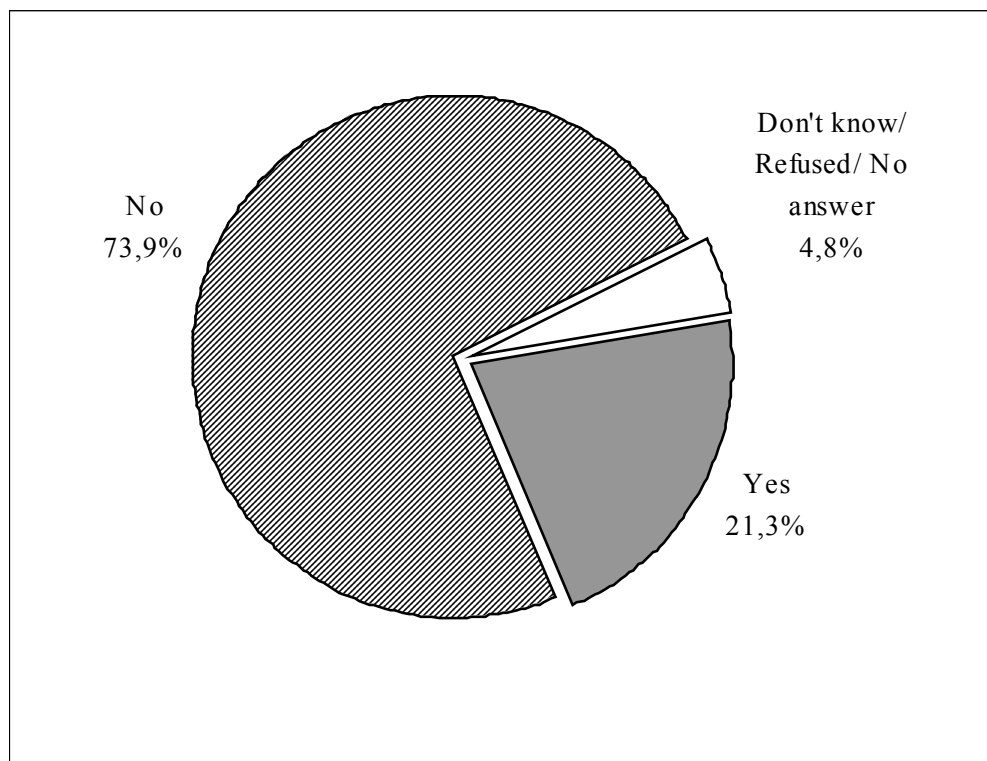
	%
Yes	35.8
No	14.3
I communicate with other elderly pensioners	44.7
<i>Don't know</i>	3.2
<i>Refused</i>	0.1
<i>No answer</i>	2.0

Base N = 1023

No significant differences have been recorded in the share of pensioners who have shown that they want to be in touch with other pensioners – the share of town and village residing pensioners is almost equal – 35.3% and 36.2%, respectively (*Table 25, Appendix 2B*).

The majority of pensioners prefer to communicate with their own, already established social circle. **Almost three-quarters of the respondents have no desire to take part in activities appropriate for pensioners (73.9%).** (*Figure 8*)

FIGURE 8. WOULD YOU LIKE TO PARTICIPATE IN VARIOUS ACTIVITIES /OCCASIONS APPROPRIATE FOR ELDERLY PENSIONERS?

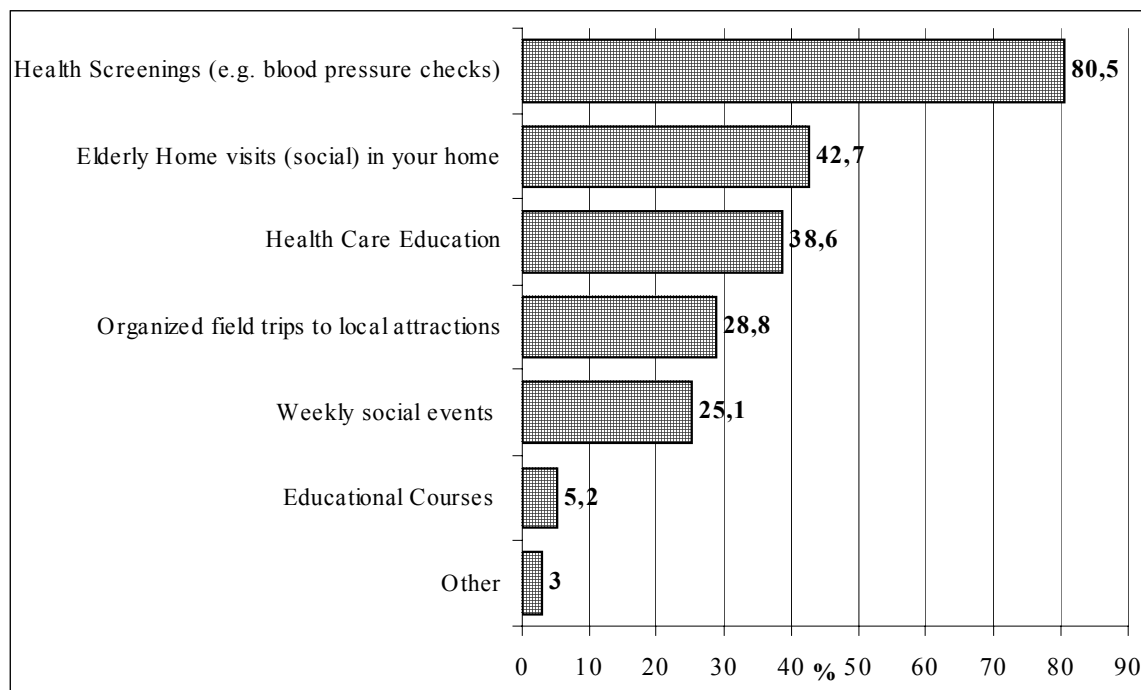


Base N = 1023

No significant differences have been observed in the share of pensioners shown a wish to be involved in various activities/jobs suitable for pensioners – 20.3% of village inhabitants versus 22.2% of town residents (*Table 26, Appendix 2B*).

The predominant share of respondents who would like to join in such activities (one fifth of the pensioners) is primarily interested in attending/participating in health screenings, social visits to their home or healthcare education. A total 80.5% are interested in inclusion in health screenings, 42.7% in social visits to their home, and 38.6% in activities related to healthcare education. Over one quarter of the respondents interested in activities appropriate for pensioners would like to join organized field trips to local attractions (museums, exhibitions, theatre, outings, etc.) and to join weekly social events (e.g. playing chess, backgammon, cards, etc., as well as meetings for watching television). Little interest is shown in participation/attendance in educational courses (e.g. crafts, sewing activities) – only a mere 5.2% would like to join in such activities. (Figure 9), (Table 65, Appendix 2A).

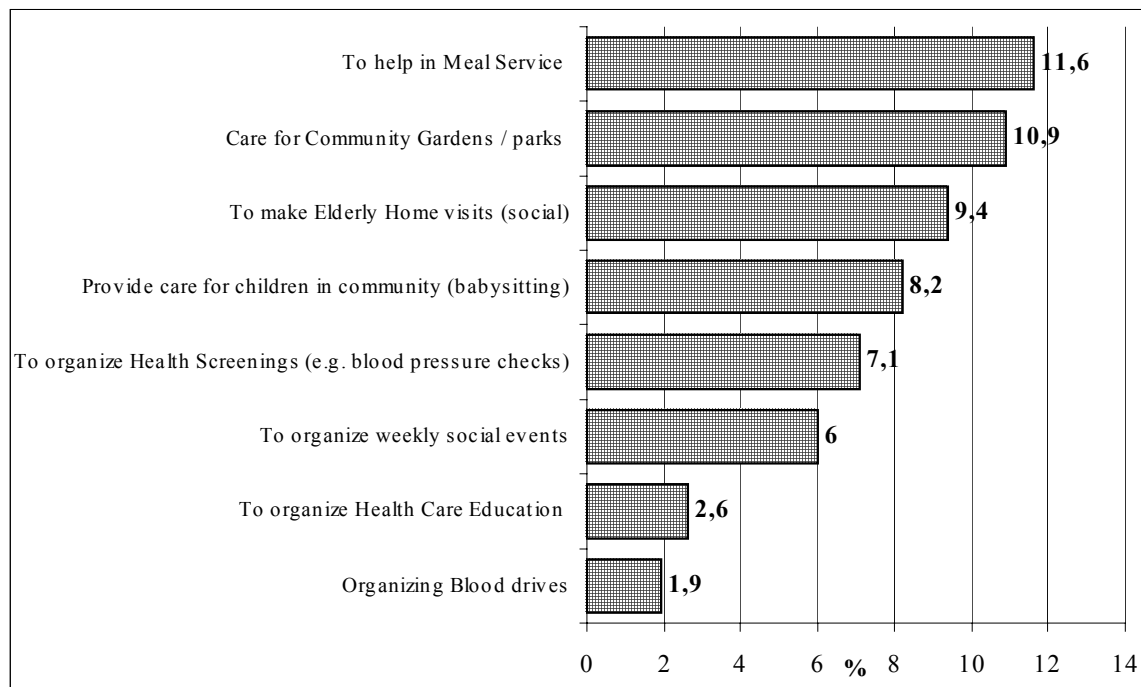
FIGURE 9. WHICH OF THE FOLLOWING ACTIVITIES /OCCASIONS WOULD YOU PERSONALLY BE INTERESTED IN ATTENDING (TO BE INCLUDED IN) (“YES” ANSWERS)



Base N = 267

The prevalent trend is definitely towards passive participation in such events, rather than voluntary participation for organizing them. More than three-quarters of the respondents do not express any desire for active involvement in various social activities. The only activities whose relative shares are comparatively high, are to help in soup kitchens and meals on wheels and the care for community gardens/parks – a desire to actively join in these is expressed by 11.6% and 10.9% of the respondents, respectively. They are immediately followed by social visits to the elderly at home (9.4%) and care for children in the neighborhood/ baby-sitting (8.2%) (Figure 10), (Table 66, Appendix 2A).

FIGURE 10. WHICH OF THE FOLLOWING ACTIVITIES /OCCASIONS WOULD YOU PERSONALLY LIKE TO VOLUNTEER (“YES” ANSWERS)

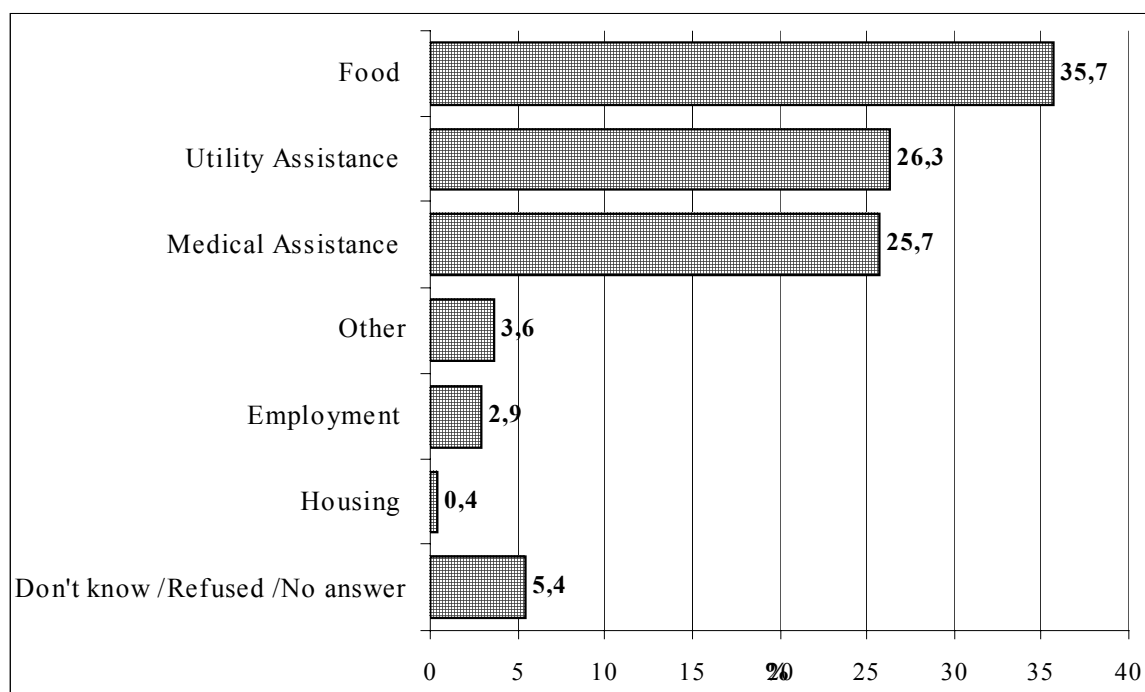


Base N = 267

4.8. URGENT NEEDS OF THE HOUSEHOLDS THAT CANNOT BE SATISFIED

There are three things which the respondents and their households need most at the moment – food, income support for paying electricity, heating and other bills, and medical assistance/medicines. More than one third of the respondents (35.7%) cite food as the item most needed by their households (*Figure 11*).

FIGURE 11. WHAT, IF ANYTHING, IS THE SINGLE MOST URGENT NEED FOR YOUR HOUSEHOLD AT PRESENT?



Base N = 1023

According to the types of settlement there are some small differences in the household needs of the elderly persons surveyed. Town inhabiting pensioners' households had expressed higher need of food, while the village households need relatively much medical care (*Table 27, Appendix 2B*).

The staple foods cited by the respondents as the most needed and unaffordable for them and their households are⁸ (*Appendix 3*):

- meat and meat products (cited 583 times – 57.0%);
- milk and dairy products (mainly feta and yellow cheese) (cited 510 times – 49.9%);
- fats (mainly cooking oil) (cited 486 times – 47.5%);
- fruit and vegetables (cited 468 times – 45.7%);
- sugar, sugar confectionery and chocolate goods (cited 439 times – 42.9%);
- bread and paste products (cited 393 times – 38.4%);
- rice (cited 367 times – 35.9%);
- pulses (cited 295 times – 28.8%);
- fish and fish products (cited 118 times – 11.5%).

⁸ Respondents were allowed to give up to five answers to that question, that's why the sum of the percents exceeds 100.

Dietetic foods are cited by 12 persons, and 18 respondents replied “anything, no matter what, any kind of food”.

In the case of provided assistance in the form of free medicines, vitamins or food supplements, the respondents often give similar answers, which may be grouped in 15 groups. The medicines refer to 14 groups of diseases, and most often mentioned among the food and vitamin supplements (cited 210 times – 20.5%) are vitamins and combinations of vitamins (cited 186 times – 18.2%), calcium (cited 17 times – 1.7%) and nutritional, herbal additives (cited 7 times – 0.7%).

Cited most often are medicines for cardiovascular diseases (648 times – 63.3%), disturbances of the locomotory system (86 times – 8.4%), neurological disorders (63 times – 6.2%), endocrine diseases, for example diabetes (60 times – 5.9%) and painkillers (45 times – 4.4%) (*Appendix 5*).

4.9. MECHANISMS AND POSSIBILITIES FOR COPING WITH DIFFERENT VITAL SITUATIONS AND FOR OVERCOMING DIFFICULTIES

As already repeatedly mentioned in the analysis of the results of the quantitative study, elderly people with low income apply either voluntarily or out of necessity various mechanisms in order to survive and to cope with their straitened circumstances. These mechanisms and strategies include the following:

- **Support from friends/relatives:** A fairly small group of elderly pensioners rely on this kind of support, the support being mainly in the form of food (14.7%) and, to a lesser degree, financial support (6.2%) or in the form of heating materials (7.3%).
- **Support by the municipality/social assistance:** This support is mainly relied on to cover expenditures for heating and electricity. Among all sources of outside support, the elderly in the studied target group rely mainly on these state institutions.
- **Aid from humanitarian organizations and foundations:** The aid from this type of organizations is not regarded as a significant compensatory mechanism, easing the difficult situation of pensioners. The humanitarian organizations and foundations are able to encompass a relatively small part of low-income groups and to provide assistance to the elderly to a minimum degree.
- **Maintenance of residence and property taxes:** The payment of property taxes presents a problem for a certain part of the studied pensioners. For this reason they plan to pay it either partially (13.2%) or to not pay it at all (for one of every five people this is unbearable financial burden, which could not be taken by their households). A very small part of the studied pensioners (0.4%) rent any property or part of property for the purpose of generating additional income, i.e. this way of avoiding difficulties is not applicable to the concrete target group.
- **Paying bills for consumables and overheads:** A fairly small part of the pensioners rely on their relatives/friends for covering part or the whole amount of household bills (telephone, electricity, water, central heating) (1 - 8%). A fairly large group, however, pays only part of the bills or does not at all pay the due amounts (3 – 12%).
- **Heating in winter:** The cheapest sources of heating homes are favored – coal and wood, the majority of the elderly having no additional source of heating (60.7%). Gathering

firewood from the forest or other sources without paying for it is also practiced by part of the pensioners. Many rely on support from the municipality, relatives or friends in order to pay their heating bills. One negative mechanism that is applied is to reduce the hours of heating, as well as reducing the size of the heated area. A relatively large group of elderly pensioners was left completely without heating this winter due to financial difficulties (13.1%).

- **Household savings (current and spent):** The majority of the representatives of the studied target group do not have any savings (92.7%) and savings are not spent. At this stage and for this group of persons this mechanism is inapplicable.
- **Debts and indebtedness:** Borrowing money is a relatively popular mechanism for overcoming temporary or lasting material difficulties. According to the results of the present study, about one quarter of the pensioners have borrowed money, a small part having been able to even pay it back.
- **Consumption of goods and services:** Due to the poor financial possibilities of the studied elderly pensioners, the consumption of goods and services outside basic household expenditures (food, heating, overheads) is greatly restricted.
- **Uniting households:** Moving to another residence, joining or separating households in order to cut down on common expenses is not perceived as an effective mechanism for coping with the problems at this stage.
- **Sale of belongings/property:** The sale of property or belongings is a mechanism, which is applied by a very small part of the elderly (1.3%). The reasons for this are complex, but the main ones are the lack of goods/belongings for sale and the lack of buyers for any offered goods.
- **Frequency and variety of meals. Food reserves:** The frequency of meals of the studied pensioners as a rule is traditional – three meals a day. A part of the target group, however, eats less than three times a day (22.8%). In January 2002 every one of seven respondents did not eat at least one day, while 4% were forced to stay without eating any food five and more days because they did not have anything to eat. The deprivation of staple food is the primary compensatory mechanism of the studied target group. Pensioners deny themselves food containing useful and necessary nutritive ingredients for the human organism, such as: meat and poultry products (71-72% of the pensioners), fish products (89.6%), fresh fruit (85.0%) and fresh vegetables (85.5%), butter (87.4%). In January 2002, the majority of the surveyed households (58.3%) could not afford themselves buying meat, sausages, poultry, or fish for household consumption. The pensioners are forced to limit their consumption to the most essential and relatively cheapest products such as bread, cooking oil, sugar, dairy products (butter excluded), and potatoes. Only a small share of the interviewees (4.5%) reports they do not dispose of any food reserves at all. This fact, however, points at an alarming trend and is indicative for that group's extreme poverty and predicaments. The goods that are most often missing in the household reserves are the goods, which the elderly "in principle" deprive themselves of.
- **Home production:** It provides a support for a relatively not very large group of elderly people (about one third). The reason is the lack of farmland, physical inability to plant the owned land or absence of livestock. On the other hand, the home production is used mainly for home consumption, although it forms but a small part of the products needed for subsistence. The amount of the obtained plant or animal production is sufficient for both consumption and sale only in a small number of cases. Another type of home

production, however, the making of preserves, albeit in small quantities, supports to a certain extent the food intake of the elderly.

- **Health and healthcare:** One in every six studied pensioners refrains from visits to health care providers, due to the high cost of medical services and the lack of money for consultations. Not buying all the necessary medicines or buying only a part of them was another mechanism employed by the elderly in January.
- **Socialization and social contacts:** Overall, a predisposition towards introvert style of living, restricted social contacts and passive inclusion in various social activities predominates among the surveyed pensioners. Nearly two thirds of the elderly people state that they have sufficient social contacts and socialization. The major social contact of pensioners appears to be visits of friends and relatives, as well as the contacts with other pensioners. A significant share of pensioners (over one third) indicates their will for a more animated exchange with other pensioners. Nearly every three of four pensioners do not express any will to be involved in appropriate-for-pensioners activities. There is a definite and dominating predisposition towards a passive participation in such activities, i.e. the voluntary participation does not constitute a preferred pattern of behavior.

4.10. COMPARISON BETWEEN THE RESULTS FROM THE CURRENT SURVEY AND RESULT OF THE SURVEY CONDUCTED IN MAY-JUNE 2000 BY THE BBSS

The comparison of the data by the two surveys (May-June, 2000 and February, 2002) is highly contingent; the comparisons presented below should be carefully interpreted because of the following reasons:

- The target group of the two surveys cover different types of pensioners: the first survey focused on beneficiaries of the humanitarian aid in the form of food distributed by the BRC/ARC. While the second survey is representative for pensioners over 65 with monthly pensions up to 50 Leva for all 28 regions in the country, the first one is representative only for the BRC beneficiaries from 22 regions of the country.
- There is no full overlap between the questions asked in the two surveys: part of the questions are formulated in a different manner, refer to different time period, or the used scales vary.
- The time periods of the conduction of the two surveys also differ: the first one was conducted in spring, while the second one - in winter, in the middle of the heating period.

The above limitations notwithstanding, as a whole the data from the two surveys are rather similar and the results do not differ significantly.

- The average number of hours during which the surveyed pensioners heated their homes is smaller for the present studied period (average 12.53) compared to the previous survey (13.16).
- There are certain differences in the sources of heating used by the respondents. Only the share of those who use black coal for heating has remained the same (19% for both surveys); the shares of those using electricity (24% to 13.4%) and ventral heating (20% to 7%) have decreased at the expense of the increase usage of firewood (35% to 59.3% in February 2002). (*The question in the previous survey was on the sources of heating during winter, while in the present it is asked about January 2002*).

- The main source of income for 69% and 66.9% respectively is one's own pension, while 20% and 23.9% respectively have received the pension of another member of the household.
- Majority of the interviewees from the two surveys do not receive any support from friends and relatives - 73% and 76.2% respectively, while assistance in the form of food have received 19% and 14.7% respectively.
- The share of those who indicated no savings is higher for the present survey (92.7%), while the respective share in May-June 2000 was 88%. Similarly, the share of pensioners with savings is lower now (3.7%) than the one two years ago (8%).
- Majority of the interviewed pensioners has not sold anything in the aim of generating additional income: 98% and 98.7% respectively. The major reason put forward is the lack of items to be sold (87% and 85.9% respectively), as well as the fact 12% и 10.8% respectively did not need to sell anything.
- The share of the indebted households is similar for the two surveyed periods: 20% in May-June 2000 and 17.5% in February 2002.
- One of the major and significant differences between the data from the two surveys is the lower share in the present survey of pensioners who paid the total of their electricity bill (87% in May-June 2000 and 79.2% in February 2002) and central heating (67% and 45.1% respectively). There are no considerable differences in the data regarding the capacity of paying the total amounts of phone and water bills
- There are no differences between the answers about possibilities of buying meat, sausages, poultry or fish in the month preceding the surveys: 39% and 41.2% of the pensioners respectively bought those products.
- The majority of the interviews have meals three time a day (62% and 65.2% respectively), while 5% и 3.1% had meals once a day.
- The share of respondents who did not consume meat and sausages in the 24 hours preceding the interview is similar for the two survey (88% and 89.3% respectively).
- The relative shares of the type of food consumed in the 24 hours preceding the interviews are similar for dry beans, green peas, lentils, meat, fish, i.e. the share of the persons who consumed those products has neither increased nor decreased. There is an increase regarding the consumption of sugar, honey, coffee, tea, potatoes, and decrease for milk and dairy products.
- Regarding the food supplies there is no considerable difference in the share of households which **do not have** supplies in wheat/four, pasta/rice, dry beans, fat, meat/fish, yogurt and other dairy products, honey. According to the present survey, a relatively larger share of pensioners have food supplies in the form of potatoes, cooking oil, sugar, salt, and a smaller share of butter.
- The share of respondents, who mentioned that the harvest from their own land and the stock they breed would be used for home consumption is almost equal in the two surveys (87% during May-June, 2000 and 88.1% during February, 2002 respectively);
- The data from May-June, 2000 as well as the results from the currant survey show that the households of the surveyed pensioners need most of all food (39% and 35.7% respectively). The need for support for heating, electricity, etc. is ranged on the second place (37% versus 26.3%). However, greater need for medicines and health aid is registered (11% versus 25.7% for the present survey).

5. ANALYSIS OF THE QUALITATIVE SURVEY FINDINGS (IN-DEPTH INTERVIEWS AND FOCUS GROUPS IN THE DISTRICTS OF LOVECH, PLEVEN, SHOUMEN, DOBRICH, PAZARDJIK, AND STARA ZAGORA)

5.1. BASIC NEEDS OF THE HOUSEHOLDS OF THE RESPONDENTS SURVEYED

5.1.1. PROBLEMS OF THE ELDERLY RETIRED WITH LOW INCOMES

The findings of the qualitative survey conducted in the six regions outline the problems and needs of the elderly with low personal incomes and the directions in which possible remedies could be sought.

Notwithstanding certain local specifics, the results of the in-depth interviews definitely indicate an extremely high measure of consensus regarding the most critical problems of the elderly retired with low-incomes. This is evidenced by the opinions and evaluations shared by the interviewed local government officials and social workers, members of the medical profession, journalists, and NGO representatives. (*Appendix 5; 1-9*)

Based on the conducted in-depth interviews and focus groups, and by order of relative importance, it is possible to identify the following basic groups of problems of the elderly retired with low-incomes:

- Economic problems – extremely low living standard and rate of consumption due to the low incomes and inability to do additional paid work at this age. The people from this target group find themselves in a very strained situation, with their chief concerns focused largely on physical survival.
- Financial problems – constant shortage of financial means; very low retirement pensions and incomes in general; high prices of medications and goods of basic necessity; small and inadequate social assistance benefits.
- Medical problems – inefficient and poor quality healthcare; poor health status of the large part of the retired; problems in securing the medications needed; lack of facilitated access to medical specialists and healthcare establishments, particularly for those living in the villages; shortage of medications for particular disorders (diabetes, hypertension, etc.) as well as prophylactic and supplementary medications (vaccines, for example).
- Social problems – unequal standing of this category in Bulgarian society; lack of social contacts, commitments, and useful involvement; isolation and solitude; constant anxiety owing to the high crime rate; lack of entertainment, recreation, and travel opportunities; specific social problems of the disabled pensioners in connection with their restricted mobility;
- Demographic problems – extremely high proportion of elderly pensioners with low incomes within the Bulgarian population as a whole, as well as within the group of the retired; town-to-village migration in order to ensure survival with the help of home production.

- Administrative and civic problems – inadequate awareness of civil rights and of current changes in the legislation on the part of the retired; lack of preferential treatment in the provision of various administrative services.

The significance, intensity, and magnitude of the problems of the elderly retired with low-incomes registered by the in-depth interviews indicate that they constitute one of the primary at-risk groups in modern Bulgarian society.

5.1.2. NEEDS OF THE RETIRED AND RATE OF FULFILMENT

The profile and structure of the basic needs of the elderly retired with low-incomes are largely shaped by the most critical problems this social group is faced with at present. In this respect **the in-depth interviews and focus groups did not register any substantial differences among the six country regions surveyed. A certain differentiation of the needs emerges in terms of the town-village division**, to some extent stemming from the different way of life.

The following basic groups of needs can be defined by order of importance and rate of fulfillment (*Appendix 5; 10-16*):

- Basic needs – for sufficient means to support oneself and ensure proper home maintenance; for a regular, nutritious and healthy diet. In most cases elderly pensioners with low income do not have possibilities of supplying themselves with sufficient staple foods. This is particularly pertinent to those of them who are not covered by the social patronage services. In the general case, pensioners supply themselves with bread, milk (yoghurt), tea, pasta, potatoes, rice, though in rather insufficient quantities or irregularly (*See Appendix 3B for details*); for medications; for facilitated access to medical specialists and better quality medical care; for increased mobility and access to transportation. Among the interviewees, it is a widely shared opinion that pensioners' low income is insufficient to cover their basic needs and to ensure them a decent living. *"The main concern of the pensioner is to survive physically, which covers everything else: conditions of everyday life, health status, etc."* (*The Pensioners' Union in the town of Pleven*). Quite many of the pensioners suffer from one or several diseases such as: high blood pressure, diabetes, kidney problems, brain damages, etc. The daily intake of life-sustaining and life-saving medicines is a must for the elderly diseased people. The latter additionally influence the way in which their low income is spent. The difficulties in movement, which many of the elderly pensioners and especially the disabled ones encountered, urges the search for solutions regarding transportation and reorganization of public services and development in certain areas suitable for disabled people's movement.
- Social needs – to be socially active and useful; to socialize; to have a higher social standing and be properly treated by the rest of society; the call for special efforts to ensure the social adjustment of these people. According to the participants in the in-depth interviews, great many of the pensioners feel useless and isolated from the society. They have limited social contacts. The latter is particularly pertinent to the seriously diseased and disabled people. The respondents emphasize the need for social adaptation of these people and providing them with opportunities socially useful and important again.
- Cultural needs – attending cultural events, access to books, newspapers, films, and theater plays; recreation and hobbies; travel and day trips; more and better

information, and in some cases, the need for continuous education opportunities. According to the opinion of the participants in the in-depth interviews, cultural entertainment is more than rare in the life of pensioners. Pensioner's clubs and the events they organize answer a small part of the needs of pensioners for cultural life.

The in-depth interviews conducted showed that all three groups of needs of the elderly retired with low-incomes are only met to a low extent, verging on a critical level.

Especially in relation to the first two groups of needs the conclusion is supported to a large extent also by the results from the focus groups. The situation with the third group of needs - about the level of contentment from cultural entertainment and social interaction among elderly people, is, however, different. According to the participants in the focus groups, pensioner's clubs (where they exist and function) offer good opportunities for entertainment and interaction of pensioners, though there is still to be done.

5.1.3. BASIC NEEDS BY TYPE OF SETTLEMENT

The basic needs of the elderly retired with low-incomes only slightly depend on the specific characteristics of the communities or regions in which they live. In fact, the internal coherence of this social group is largely reinforced by its disadvantaged position with regard to the other sections of the Bulgarian population – in terms of the means for subsistence, resources, social contacts, personal potential and prospects, rather than its geographic distribution across the country.

As a result of the focus groups conducted with retired people from the six regions there emerged certain specific needs depending on their place of residence – town or village. These needs are largely determined by the differences in the conditions and way of life in the towns and in the countryside.

The retired living in the towns have the following general characteristics:

- These people depend mainly on their pensions. The amount of the pensions they receive from the state ranges between 40 and 60 Leva. The focus-group participants as a rule did not own land they could use to grow their own produce.
- The retired from this group as a rule do not have any other sources of income – they do not receive any substantial financial or material assistance, and do not have revenues from restitution, rents, interest. Only a few live in relatively larger apartments but cannot make up their mind to sell them because at their age they lack the flexibility and resolve for such a step. For this reason, they are practically living in utter deprivation but would still rather hold on to their property.
- Those who live in immediate proximity to their children are able to partly meet their needs in terms of food and human contacts. There is another specific group of retired people who live with their children yet find themselves in an even more difficult situation because they have to support themselves and their unemployed son or daughter on their retirement pension.
- The options of disabled pensioners are severely limited and they are dependent on the social assistance benefits and the quality of the social patronage.
- As for food preparation, the situation is highly differentiated. A relatively small part of the retired focus-group participants were registered with the social patronage in their municipality and their meals were secured. The rest of the retired, who do not

use this service, cope with the problem as best they can. Typically they cook once or twice a week (mainly the women) and for the single people in particular this is the main food for the entire week. Another group said their means are so sparse they can only afford yogurt and bread and “*never get to cooking*”.

- The moderately or gravely ill retired town residents very rarely leave their homes. Their typical destinations are the local bakery, grocery store, drugstore, or hospital (*See Appendix 7B for more details*). Any physical activity is largely related to securing the bare essentials. Those who are in better health also tend to lead a more active life. This appeared to apply in higher measure to the women, while most of the men proved more isolated, spend their days on their own, and rarely go out. Quite a few of the retired in this target group have an active way of life. An important precondition for this is their relatively good (for their age) health status. These people keep up active social contacts and take any opportunity to keep busy and make themselves useful in some way. They visit their local pensioner’s club once or twice a week, take part in organizing commemorations or holidays, and are themselves initiators of local club events. Their preferred forms of entertainment are the celebrations organized at the local club, talks on health topics, legal consultations, and other educational lectures. They set up healthy lifestyle groups including joint walks, exercise sessions, and discussions on related issues. What brings them together is their shared feeling of closeness. Because they live in solitude this is their only chance to find some human affection and friendliness. Of the towns surveyed, the most active way of life was registered among the retired in Pleven and Shoumen.

The retired living in the villages have a different way of life. Though small, here the community lives by other laws. Although the in-depth interview respondents seemed to think the retired in the countryside have more opportunities to socialize with family, friends, and neighbors, it turned out from the discussions with the pensioners themselves that they live in considerable isolation. People know each other but are not in the habit of visiting with each other. Their communication is typically confined to an exchange of greetings. Poverty in the countryside is such that these people live on the very edge of human survival. **The following is characteristic of the retired living in the countryside:**

- Their retirement pensions range between 30-40 Leva and constitute their sole source of income.
- Some of the retired own small plots but they are not all able to work the land. A single participant shared that despite his advanced age (86 years old) he still produced everything himself, buying only bread, oil, rice, and flour.
- Nearly half of the village focus-group participants said they were rearing several animals.
- There were several serious cases of pensioners at a highly advanced age or in bad health that do not go anywhere – they get up and spend the whole day in their backyard, “*going to the nearby store, at most*”.
- The farthest distances they cover are when they go to their plots or vineyards, which mainly applies to those in better health. The rest confine themselves to the indispensable – visiting the village doctor, who takes their blood pressure, gives them advice and prescriptions.
- The retired in the countryside are particularly disadvantaged with regard to cultural life. They rarely watch TV and listen more to the radio. They do not read

newspapers. In most of the villages there are no pensioner's clubs or any other forms of organized social life. Their whole lives pass within the bounds of their own village.

- As a result of the way of life and the specific social and economic environment in the two types of settlements there emerge certain differences in the needs of the retired town and village residents that were noted during the focus groups.

Main needs of the retired in the towns

According to the focus-group participants, their basic needs may be ranked as follows:

- **To the retired with serious health problems the topmost need is for medications.**

To them it actually supersedes the need for access to more and healthier food. This is only logical since the overwhelming majority in this group suffer from health disorders requiring continuous, daily intake of medications. They are usually expensive and the retired are faced with the choice "food or medications", in which case they typically choose the latter. *"We buy the drugs first. The rest of the pension we set aside for electricity, heating, and whatever is left – for food"* (Pleven, female, married).

- **Second by importance to the retired with health problems is their access to medical care.**

On the whole they are not happy with the services they get. The typical complaints concerned the impossibility to get in touch with their GPs. Some of the retired related flagrant cases of disrespect on the part of medical staff and others find it difficult to buy the necessary medications and supplies.

"I fell, I broke my arm and leg and I couldn't move. I called my GP. She tells me: get a taxi and come...I'm lucky they called an ambulance..." (Pleven, female, single)

"It's about the eye glasses. I'm too embarrassed to ask how much the glasses cost because they'll ask me if I'll buy them. So I don't go." (Stara Zagora, female, single)

- **To the retired in normal health living in the towns, the foremost problem is "making ends meet"** and getting by until their next pension. They content themselves with the cheapest foodstuffs because it is all they can afford.

"I have pasta and tea every day. You can't pay for anything, neither the electricity, nor the water bills, medications, nothing." (Pazardjik, male, single)

"You can't fool your stomach with just one meal a day. That's the biggest and most painful problem – food." (Pazardjik, female, married)

"I tell my wife. Just tea without white cheese, as long as it's hot and sweet. It's not always possible." (Stara Zagora, male, married)

The second grave problem these people are faced with is their **inability to pay their utility and telephone bills**. It is in this respect that they need assistance. To some of them securing firewood for heating in the winter is truly a serious problem for which they have a radical solution: they put on more clothes and... freeze.

Next comes the problem with the **medical care**. The retired are not among doctors' "favorite" patients. They are accepted at the polyclinics but have to pay for each service. Some of them need treatment but are not hospitalized because they have no money.

A common need of all the retired living in the towns is to expand their opportunities for social contacts and receiving more information on various health issues and in relation to their rights. In the areas with well-established pensioner's clubs there is a good basis for the retired to socialize among each other. Pensioner's clubs also organize various cultural events and entertainment, and provide opportunities for social performance to this social group. In other words, pensioner's clubs appear to be the major centers of social and cultural life for this group. Because of this, the cessation of clubs' activities causes clubs' members serious psychological discomfort. But there are other areas where the clubs have been closed and are not functioning. According to the participants in the focus groups, some of the existing pensioner's clubs have been closed for repair or because political parties are allowed to use the premises. Another reason for the fact that many clubs have been closed down, for example in the Municipality of Lovetch, is related to the two-year old order, which closed the clubs in the 34 villages in the municipality. The residents would like to have a place where they can get together.

"Every Wednesday I feel as if I were going to a big celebration. We have lectures about health; there is a wonderful chorus, we celebrate our birthdays, we go to excursions. I merely got ill when they told us that the club would cease to exist. When I go to the club, I forget about not having money, about being hungry. I have food for my soul there. They sing us songs there. It is so nice there" (Pensioner, town of Pazardjik).

The fact that more of the educated pensioners are concentrated in the towns predetermines the greater need of cultural entertainment for the urban pensioners. The issue is particularly sensitive for pensioners with high school and higher education. They painfully contemplate the severely reduced opportunities for attendance of movies and theatre performances, for purchasing of books, newspapers, and magazines.

Needs of the retired living in the villages

In general, the retired living in the countryside are confronted with the same problems as those living in the towns. Nevertheless, there do appear certain differences, mainly in the way the villagers (**the village of Kazachevo**) rank their problems. Here is the structure of the common needs of the retired in a typical Bulgarian village:

- **Need for medications:** On average the retired are aged 70 and over. Some are at the advanced age of 86-88. As is only to be expected, these people suffer from at least two or three disorders. Their health status requires constant medical supervision. But since this proves impracticable the retired in this group get by largely on medications. The problem stems from the discrepancy between the amounts of their retirement pensions and the prices of the medications they need to "*stay among the living*". For this reason, the focus-group participants unanimously cited as their overriding priority the purchase of medications;
- **The retired villagers rated second by importance another existential need – for regular and good quality meals.** However, their idea of "good quality food" differs from that of town residents. While the latter wish they could afford a more varied diet including meat, fish, vegetables and fruits, the villagers are far more modest. They would be happy if they could buy sugar, oil, rice, and flour. The rest can be secured through

home production (though in this respect there is strong differentiation – only a few are actually engaged in farming and animal-rearing);

- Because of their advanced age, the retired urgently need **firewood supplies**. Owing to the specific living conditions in the villages, the retired from this group use mainly wood for heating. Some of them are unable to collect firewood themselves. Neither can they use the services of those who supply firewood because *“there are people who do it, but if it costs 1 lev, they’ll ask 5 for it”* (male, 86 years old). Clearly they are unable to afford it with the pensions they get (even in two-member households). Another factor at play in this respect is the particular mentality of the people in the countryside. They are very reluctant to spend money on things they believe should not be paid for in the first place – and firewood is one of those things;
- Some of the women shared they need **shoes**. They could cope with regard to clothes, but they need solid shoes (galoshes) to get through the winter. Since they are unable to afford them, they would appreciate if such shoes were to be provided.
- Though isolated, there are some cases of chronically ill people in need of **hospitalization**. Their problem is how to pay for their stay in the hospital. Their only hope is that some way might be found to ensure free-of-charge hospitalization of the retired with low incomes or that the expenses might be covered by some charitable organization or other institution;
- The retired villagers have a different attitude to the **local pensioner’s club**. It shares the premises with the village culture house and is in fact the only place where the more active people from the village can get together. In the opinion of the retired, however, those are pastimes for young people – playing cards or dominoes. They would not go there themselves because it holds no interest to them and, more notably, they do not feel the need;
- In view of the particular nature of life in the countryside, the next conclusion from the focus group hardly seems surprising: the retired **would not like** to be visited or serviced by the **social patronage**. *“We’re not all that important”*. They do not see any point in being visited by strangers. All the more that in the past few years they have had negative experience with supposedly well-intentioned young people proposing to look after them while in fact it was their money they were after. This group were therefore highly skeptical about such services.

In addition to the needs conditioned by the specific town and village characteristics and the respective way of life of the retired, the in-depth interviews conducted made it possible to identify the following local characteristics (*Appendix 5, 16-22*):

Dobrich Region

What is characteristic of this region of the country is the increased migration of a large part of the retired with low incomes towards the villages in order to be able to support themselves and lead a normal life. Here is a typical opinion on this matter: *“The elderly pensioners from the Dobrich rural region require less efforts in order to make them feel socially committed because they own plots of land that they can cultivate and this gives them the feeling of being useful and fulfilled. In the villages they have closer contacts among each other, they always have some family member by their side, whereas in town the retired are deprived of this possibility and feel useless and isolated from society.”* (Municipal Social Assistance Service – MSAS, the town of Dobrich)

The Dobrich region is further characterized by difficult supply of medicines, as well as with the fact that there are no pharmacies in villages. In case some medicines are needed people have to go to the regional center. Another problem is put forward in the region of Dobrich: six villages are covered by only one physician and one doctors' assistant, which impedes the provision of efficient and qualitative medical services. It appears impossible for the municipal services and social patronage to cover all needy people in the region. The villages are losers in this regard: to social patronage at home covers 17 villages, while the service is not offered in the other 50 villages in the region. At the same time, great many of the pensioners could not afford to pay this service, despite their obvious need of food.

Moving around is also a problem for the pensioners in the town of Dobrich and neighboring villages: the roads are bad, there is a bus line between the town and the villages once a day, the transportation scheme of the town does not comply with pensioners' movement for every change of transport implies additional expenditure, while, at the same time the public transportation vehicles are not equipped for pensioners and disabled people.

The results of the discussions within the focus groups reiterate the need of expanding and further improvement of the services provided by the social patronage. The participants using that service, point at the fact that *"so far there have not been enough meat products and sausages in the food"*. An emphasis is also laid on the problems within health-care system following the launching of the health-care reform, as well as on the need of better and of higher quality medical services. According to the participants in the discussions, the latter are obstructed now, because there are no regular and detailed records on patients' diseases in the polyclinics. A good record system is still to be created and it should replace the existing system of dispensaries.

Another serious problem put forward is the lack of free transportation passes for pensioners in the town.

The participants in the focus groups with high school or higher education state their need of wider access to books, magazines, and newspapers. According to the participants in the discussion, in general there is a need for more information about events that are directed to pensioners. It often happens that even if there are some accessible cultural events, there is no information about that or the news reaches only a limited number of people.

Lovech Region

As noted by those interviewed, quite a few of the elderly retired with low incomes have considerable cultural needs because by profession they were *"engineers, doctors, economists"*. Pensioner's clubs in 34 villages in the region have been closed, despite the fact that their material facilities appropriately answered pensioners' need of entertainment. At the same time, the relative share of the elderly living on their own in this town is quite high, which increases the demand for post-hospitalization medical care and treatment. In this respect there also exist problems related to the rare visits by medical staff to the villages. The problem stems from the fact that villages are visited under a schedule by a single physician once a week. Thus people having health problems are bound to wait for a week, i.e. *"it is not always possible to ensure timely medical assistance and furthermore, additional transport expenses are involved when consultations with specialists are needed"* (MSAS, the town of Lovech). According to the representative of the Youth BRC in the town of Lovech there are no organizations to take care of the heating of elderly pensioners with low income in the winter months.

Pazardjik Region

Specific need of the retired in this region is for special treatment and medications because of the Accumulator Plant in the vicinity of the town, which “*contaminates the atmosphere and the people living in the nearby neighborhoods develop all kinds of diseases*” (Doctor, the town of Pazardjik).

Pensioners in the town are not provided with free transportation passes for the public transport in the town. Despite the fact that not so many people use the service, they still express a will the service to be free of charge.

According to the representative of the Home Social Patronage in the village of Chernogorovo, the elderly people need cultural entertainment, which are generally absent in their lives. This is particularly pertinent to the disabled people living in the villages in the region.

The participants in the focus group point at a specific problem of the sick pensioners in the town, namely the lack of a place where pensioners would be offered dietary food free of charge or at reduced prices.

Only in the town of Pazardjik the participants in the focus group state they have received clothes from the BRC and are happy with this type of assistance. In the other settlements, however, the predominant opinion is that elderly people do not need assistance in the form of clothes.

Pleven Region

Those interviewed from this region stressed several specific needs of the elderly retired with low incomes. Above all, this is the need for medications for particular disorders: heart conditions, hypertension, diabetes, migraines, and neuroses. Secondly, according to several of the respondents, “*the mobility of the elderly poses a very serious problem*”. Thirdly it was noted that the retired men and women living on their own in the town of Pleven are in a “*desperate situation*” and have specific needs different from those of the other pensioners. It was further pointed out that it was necessary to allow the elderly to use public transport in the town and the region free of charge; to expand the capacity of the social patronage to fully meet the demand, and to provide a sufficient number of pensioner’s clubs. The need was also noted to facilitate the mobility of the disabled pensioners in the town.

As in the other regions, the bulk of pensioners’ problems are related to health-care services and assistance. Pensioners need costly orthopaedic examinations and therapy. The latter are rendered even more expensive by the fact that the orthopaedic clinic in the town does not have a contract with the National Health Insurance Fund: “*When you go to the orthopaedic clinic they want there every service to be paid for: bandages, plasters, dressing materials, all necessary things*” (Journalist from the town of Pleven).

Along with the more general need of better medical care, access to medication and more varied food, the participants in the focus group raised also the issue of the need for special dietary food. Although as a whole the social patronage assists pensioners, it is necessary that more attention be paid to pensioners’ diet. Related to this is the need of raising the overall health-related culture of the elders.

“If food is not good for somebody, it is replaced by some other nourishment. Doctor H. is really good to people... But let’s not delude ourselves... There is no social patronage. At this age people should observe a special diet, as well as a special living regime” (A man, pensioner).

The insecurity and unstable situation regarding the premises of pensioner's clubs is put forward as another important problem. So far, the municipality has attempted several times to privatize them or to lend them to private persons. Some of the clubs needs resources for repair, since as they are now there is a real danger of accidents.

Stara Zagora Region

It was a common opinion among those interviewed in this region that the elderly retired with low incomes did not have any specific needs compared to the other pensioners in the country. Nevertheless, some noted, that in the town of Stara Zagora they couldn't secure additional incomes from employment or rents. What is more, *"the present social security system sets such criteria and requirements that the truly needy are unable to get assistance. The funds are thus allocated to the younger people from the category of the unemployed and the minorities"* (MSAS, the town of Stara Zagora). Here too, some of the respondents stressed the considerable differences between the retired living in the towns and in the villages in terms of the possibility of the latter to aid their own subsistence through home production, to make better use of their free time and have closer contacts with their fellow villagers. As pointed out by one of the respondents, there exists another important distinction: *"the better educated suffer more from the lack of active social life, whereas the Roma, for example, have economic problems"* (Journalist, the town of Stara Zagora).

It is pointed out that the women's need for social contacts and interaction is greater. It appears that it is predominantly men who gather in pensioner's clubs, they interact and entertain themselves by playing cards, backgammon. On the other hand, only one day a week is scheduled when women can visit the club. This is highly insufficient in view of women's needs for interaction and socializing.

The participants in the focus group also emphasize the fact that in the town of Stara Zagora there are not enough functioning clubs where elderly people could get together.

Shoumen Region

In this region, in addition to the common needs of the elderly retired with low income in the country, the **respondents of the in-depth interviews** noted the following specific characteristics. Above all, they stressed the specific predicaments of the retired with disabilities, whose number has been on the rise. They are actually confronted with ever-greater problems: limited mobility, impossibility to socialize, need for daily care by social workers. Secondly, the need was noted for more volunteers to look after the elderly: high school and university students, unemployed having appropriate qualification, medical staff. Thirdly, the respondents noted the disadvantaged position of the elderly pensioners with low incomes from the minority groups – mostly Turks and Roma. It is mentioned the pensioners' need for public canteen that would provide the most needy with food. Regarding the medical services, there problems in some of the municipalities, like for instance in Nikola Kozlevo, where pensioners have to pay for the services they are provided with by a physician from Varna. It is particularly stressed the need of a medical person to regularly visit in pensioner's clubs. Some of the interviewees point at the fact that *“Shoumen is one of the poorest towns in the country, with the rate of unemployment being very high, exceeding the national average”* (Union of the Disabled, the town of Shoumen).

5.2. ORGANIZATIONS/ INSTITUTIONS ASSISTING THE RETIRED IN THE SIX REGIONS SURVEYED. EVALUATION OF THE SERVICES PROVIDED TO THE RETIRED.

5.2.1. ORGANIZATIONS AND THEIR SOCIAL ACTIVITY

In terms of their significance, traditions, and scope of activity in providing services to meet the needs of the elderly retired with low incomes, **according to the in-depth interviews** the organizations/institutions may be presented in the following order (*Appendix 5; 23-27*)

- The municipal social assistance services with their basic activities: home care, public canteen, providing fuels and energy allowances to the retired, accommodating them in special homes for the elderly.
- The system of healthcare – hospitals, polyclinics, pharmacies, as well as the system of practicing doctors and dentists; the National Health Service and its regional offices.
- The National Social Security Institute, which pays out the retirement pensions.
- The Bulgarian Red Cross, the activity of which is largely associated with the distribution of food aid and free medications.
- The homes for the elderly: in Dobrich, a home for the elderly and home for the mentally ill; in Lovech, two homes for the elderly; in Shoumen a home for mentally retarded elderly people; Stara Zagora, home for the elderly and the disabled; a day home for the elderly in Kazanlak, and a home for the mentally ill in Lyaskovo.
- Professional organizations: Union of the Disabled, Union of the Blind, Union of the Deaf, which are mainly concerned with providing assistance to their members (Dobrich: Nov Zhivot [New Life]; Social Development Club, Organization of the Unsighted, European Club).

- The local clubs of the pensioners and the disabled; the Social Development Club in Dobrich; the Club of Veteran Teachers and War Invalids in Pazardjik; Health Club in Stara Zagora; the private hospice for the elderly in Stara Zagora, etc.
- The non-governmental organizations working mainly on projects concerned with the problems of the various target groups within the elderly population. (Stara Zagora – Open Society Club, Rotary Club; Pazardjik – Fulgaritano Foundation)
- Private business representatives: companies and businesspersons involved in charity campaigns or making one-time financial donations on specific occasions. For the most part, businesses make in-kind contributions, with the producers donating part of their output, chiefly foodstuffs (bread and pastry products, pasta, meat, soft drinks).
- The Church – Orthodox, Evangelic, Pentecost, Methodist, and in the regions with mixed population, the Muslim religious organizations – through wide-ranging charitable activity.
- Social Service Offices – working on the basis of consultations by social workers, psychologists, and doctors (Social Service Offices in Chirpan and Radnevo; Social Service Office, Shoumen).

Overall, the institutions most often mention in the focus groups are the Municipal Social Assistance Services, the Red Cross, polyclinics, pensioner's clubs, and clubs of disabled people. The Evangelist church is also mentioned in some of the focus groups, but as a whole the group participants have not been users of the assistance provided by it.

5.2.2. TYPES OF SERVICES OFFERED TO THE ELDERLY RETIRED WITH LOW INCOMES

The types of social services offered by the various organizations and institutions to the elderly retired with low incomes may be presented in the following order. (*Appendix 5; 28-33*)

- Social patronage - securing home delivery of quality hot meals, and in a number of cases, house cleaning and home repairs.
- Public canteens offering meals of reasonable quality at minimal prices.
- The homes for the elderly provide relatively good living conditions and amenities.
- Extending one-time financial aid within a one-year period to the retired with the lowest incomes.
- Facilitating access to medical care and medications and providing free medications to patients suffering from hypertension, diabetes, etc.
- Extending financial allowances for electricity and water; fuel allowances in the winter; financial aid for the disabled.
- Free blood pressure checks for the retired at the Municipality or at the pensioner's clubs; occasionally free medical examinations are also offered in some places.
- In Stara Zagora there exists a private hospice offering home medical care, but it is outside the activity of the GPs and the services are paid.
- In the Dobrich region some of the farming cooperatives are involved in assisting the elderly by contributing funds for treatment, for the purchase of medications, and providing transport in connection with cultural events.

- In Dobrich there are companies offering home-based paid work opportunities for the retired.
- Fund-raising campaigns and distribution of humanitarian aid (medications, food, clothes) among the elderly, and for the hospitals, medical supplies and equipment.
- Providing free transport for all pensioners in the town of Pleven.
- Administrative services: delivery of documents to the Retirement Office, medical tests to the hospitals, mail delivery, shopping, etc.
- Putting up facilities for the disabled in public places and providing aids to facilitate their mobility: wheelchairs, walking sticks, etc.
- Holding various cultural events to enhance community life and give the retired the opportunity to socialize among each other.

5.2.3. QUALITY AND DEFICIENCIES OF SERVICE PROVISION

The opinion prevailed among those interviewed that the services provided to the retired with low incomes are of a reasonable quality. In the highest measure this applies to the home patronage, public canteens, and the living conditions at the homes for the elderly and the disabled. Nevertheless, some negative opinions were also expressed, mostly concerning the provision of medical services and the manner of supplying the elderly with medications. *“In my opinion the quality of medical services is appalling; the most typical complaints of the elderly are that the doctors don’t pay too much attention to them, do not prescribe the medications requested, and will not refer them to specialists” (Journalist, the town of Dobrich).*

In regards to the municipal social assistance services, their representatives point at the efforts that have been made to assist pensioners and the limitations those efforts encounter in terms of insufficient resources, existing legislation (where the group of pensioners who are to be assisted is strictly defined), as well as by the way in which the social assistance is organized. Thus, for example, lonely pensioners with low income receive ‘dowables’ and other types of assistance and ultimately it appears that such persons dispose of more money than two pensioners living together.

The **respondents of the in-depth interviews** most commonly referred to the following deficiencies in the provision of services to the elderly pensioners with low incomes. (*Appendix 5; 34-37*)

- The shortage of financial means was most commonly cited as a fundamental deficit limiting access to the services offered;
- In a number of cases the lack of affordable medical care was cited as the basic deficiency in the provision of services;
- The incapacity of the home social patronage to meet the existing demand. Those with the lowest incomes are unable to afford the paid services of the social patronage;
- When the products used in food preparation are purchased at market prices, this makes the meals more expensive and some of the retired stop using this service.
- In some places the supply of medications is not subsidized in any way and in the opinion of one respondent, *“the people with low incomes cannot afford treatment”*.

- Owing to their low incomes, a number of pensioners from this category cannot afford to repair and “*renovate their homes*”.
- There are no organizations consistently concerned with the home heating problems of the retired with low incomes;
- The supply of medications is inadequate and irregular, particularly for the people suffering from chronic or special disorders.
- The list of free medications should be extended because a large part of the retired cannot afford them.
- The social assistance benefits are not paid out regularly and it is necessary to extend additional allowances for the socially disadvantaged pensioners.
- The staff of some of the homes for the elderly, for example the one in Pleven, does not include a social worker, and “*this has a most adverse effect on the elderly*”.
- In terms of the access to quality medical care, the elderly pensioners with low incomes are placed on an equal standing with the other categories of patients, i.e., they do not enjoy any preferential treatment.

According to one extremely negative, but not commonly shared, opinion, the entire process and all of the services provided to the elderly pensioners with low incomes are deficient: “*The chief deficiencies in the activities in support of the elderly are the inadequate social assistance, the food that is not nutritious enough and not adjusted to their illnesses, as well as the shortage of medications and specialized medical services for the retired*” (Union of the Disabled, the town of Lovech).

The conclusions made were confirmed also by the focus-group participants.

Nevertheless, **the results from the group discussions conducted show** that in the various communities the basic services offered tended to have some specific characteristics, leading to certain differences in the evaluations of their quality:

- **Social patronage:** The users of this service are mostly single men. The women tend to prefer to prepare their own meals. Most satisfied with the quality of the social patronage services were the retired from Pleven. They highly appreciated the provision of hot meals and the house cleaning service twice a week. What is more, the doctor that visits them within the frames of the social patronage makes sure that the food is adjusted to their medical condition and when necessary, the diet is modified. The retired from Dobrich were more critical. In their opinion, the food should be improved. “*It’s a vegetarian diet. There’s seldom any fish. Just a tiny piece of sausage.*” Yet, on the whole, the attitude of the people delivering the meals is good and this makes up for the lack of a varied, wholesome menu. The retired from the other towns did not rank the social patronage among their priorities and their opinions were therefore far too general and not based on first-hand experience;
- **Medical care:** in this respect the respondents were all unanimous that they do not receive proper attention and treatment from the medical staff. In the first place, the retired are faced with a problem in accessing quality services – their GP only examines them “*in a hasty, casual way*” and then refers them to private practices, which means paid services. This is an unacceptable option since this group of people barely makes ends meet. In more critical cases, when they have no other choice, they agree and visit private doctors, but for the most part they simply wait for the problem “*to go away of itself*”. The retired from Shoumen and Pleven were particularly

discontent, complaining about the Health Service administration and the way they are treated by the doctors, and dentists in particular;

- **The extended energy and fuel allowances:** The large part of the retired from the towns' surveyed received allowances from the municipality to help pay for the electricity or heating. Nevertheless, in their opinion these allowances are far too small (10-30 Leva), and by no means cover their bills. Furthermore, because they own their home or a plot of land, some of the retired are not entitled to energy allowances (Pleven, Shoumen, Dobrich). This is perceived as an instance of unfair and improper treatment by the state;
- The retired also protested against **the closing of the special diet canteens** for the elderly. This had happened in Pazardjik (the special diet canteen with the hospital was closed), in Shoumen (a canteen sponsored by the Social Assistance Service), and in Dobrich ("*...there used to be a canteen, free of charge, it should be restored...*").
- In some of the settlements it is pointed at the lack of specialized rooms or places where pensioners' blood pressure could be measured (the town of Stara Zagora) as well as the lack of specialized services for household maintaining at lower prices.

<p><i>"The window at home broken, but I do not have money to repair it. Why there are no services where I can have it repaired for 2 instead of for 5 leva" (Pensioner, the town of Dobrich)</i></p>
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5.3. MODELS OF ASSISTANCE OF ELDERLY PENSIONERS WITH LOW INCOME

5.3.1. SUCCESSFUL PRACTICES OF SOCIAL ASSISTANCE

The data analysis of the in-depth interviews points at the fact that in all six regions surveyed there are a number of successful practices of assistance of elderly pensioners with low income (*Appendix 5, 38-43*).

Dobrich Region

- The social patronage of visiting elderly people at home, and above all, the provision of cooked and dietary food;
- The free social canteen in Dobrich, subsidized by the Social Assistance Fund;
- The administrative services provided by the social workers;
- The partial coverage of the cost of firewood supply;
- The preservation of the spirit of the pensioner's clubs;
- The cultural program of the municipality;
- The establishment of a new vast Old People's Home.

It should be mentioned that in some instances, pensioners' views and opinions diverge from the results of the in-depth interviews. Thus, for example, three men of the Dobrich group were among the customers of the social patronage services. They, though, appeared to be far from satisfied from the quality of food and made some recommendations for its improvement. There is also a certain discrepancy in regards to the social canteen. According to the participants in the group, the canteen had been already closed down. The municipality gets also one more encompassing criticism: some of the pensioners think that concerning some cultural events directed especially to the old people, the municipal officers have been mostly talking but not really doing something in this respect.

Lovech Region

- The social patronage dealing with food preparation and home deliveries at bearable prices;
- The construction of aid appliances for disabled people in some public places in cooperation with the municipality;
- The functioning of the social canteen is also considered relatively successful for it provided "food of sufficiently good quality";
- The pensioner's clubs, which provide their members with an opportunity for mutual assistance, as well as for involvement of some pensioners in particular activities;
- Some of the pensioner's clubs are rented by private companies, which pay the rental and the electricity bills "with the only aim of preserving the clubs, so that the elderly people could get together and have a chat there";
- In some village "groups for singing and revitalizing folk traditions" have been established with the assistance of former school teachers;
- Resources for firewood are procured by companies in many of the mayoralities.

Shoumen Region

- In the town of Shoumen, the activities of the social patronage of visiting elderly people at home have been considered successful. The results of the focus group also support the community statement.
- In Shoumen a Social Services Office functions where people would like to be provided with some services, like for example lodging cleaning, looking after an old person, etc.;
- The cultural activities of pensioner's clubs are also considered successful. Several concrete examples were mentioned in the focus group discussion such as celebration of traditional (folk) holidays and other events that have been incorporated into the clubs' cultural programs;
- Donation actions, particularly those for the Old People's Home, have become an established practice. The situation is quite different when it comes to donations for pensioners who do not live in the Home. The only donation those people remembered, was the Christmas action, when a local businessperson treated poor and elderly people with "grilled rissoles and bread." Generally, however, local business has not been very responsive to appeals for providing resources for particular needs and expenditures of elderly people. Charity and donation in the town of Shoumen have rather been developed on the part of the Evangelist church. According to the participants of the focus group the church holds regular donation actions for collecting food and clothing for poor and elderly people.
- Upon a request by the Bulgarian Pensioner Cooperation in the town Shoumen two municipal stores were appointed to sell goods at lower prices. Afterwards the practice was corrupted and currently the prices in the two stores are the same as elsewhere. The failing of the initially positive practice was reported by pensioners who are by far the most competent in that matter for they diligently search the shops seeking even the tiniest opportunity to buy some item cheaper;
- Currently a project on the establishment of a Psycho-Social Center is being elaborated in cooperation with the Ministry of Health and the Ministry of Labor and Social Policy;
- All socially vulnerable people contribute 5 days of social labor, as provided in the Social Assistance Regulations;
- Pensioners also appreciate visits of medical persons in pensioner's clubs, as well as deliverance of health-related lectures.

Pazardjik Region

- The data from the in-depth interviews are fully consistent with the information by the focus group. It is obvious that the local public representatives and those who were interviewed did not slip into presenting a rosy picture of the situation. Consequently, the two actively involved groups confirmed the described picture;
- The social patronage provided by the Municipal Social Assistance Services (MSAS) and especially the provision of food and the accessibility of medical care and medicines;
- The public canteens that cover the territory of the town as well as some of the villages in the region;
- Pensioner's clubs and their activities that have turned them into centers of pensioner's cultural and social life.
- The individual assistance benefits for electricity and water;
- The activities of the Union of Disabled People and the Old People's Home are also

evaluated as efficient.

Pleven Region

- The opportunity given to all pensioners to use the public transport in the town free of charge is defined as “the most serious achievement of the municipality.”
- The social patronage at home is considered the most successful practice of assisting pensioners. Later the pensioners from the focus group reiterated the point. The social patronage in the town of Pleven could be indicated as the most successful example;
- The activities of distributing assistance benefits for heating and earmarked assistance of disabled pensioners;
- The educational and enlightening activities of the pensioner’s clubs and the club of disabled people in the village of Bouhut;
- The free medical examinations;
- The redirection of donations from the BRC and the municipality to the pensioners;
- The activities of the Rehabilitation Center, which provides various medical services;
- The stores that sell food for persons suffering diabetes.

Stara Zagora Region

- The distribution of humanitarian aid by the BRC in cooperation with the local “Open Society” club constitutes a highly appraised activity. People still remember the “American aid” delivered in 1997/1998. Some people personally took part in the partition and distribution of the aid and personally tracked women of low pensions in the neighborhoods. Overall about 3,000 people received aid packages with foods (packs of flour and rice and bottles of cooking oil);
- The delivery of special assistance benefits to solitary people and disabled pensioners;
- The special pensioners’ preferences for using the public transportation in the town;
- The social patronage and especially the services of home delivery of food.
- The public canteen, “where currently over 100 socially vulnerable people take their meal.” This activity is highly appraised by pensioners themselves, and especially by men. It should be pointed out that women prefer to receive food packages and to choose themselves what to prepare.
- The activity of the regional club of the “Open Society” Foundation is considered also very successful since *“for two years the club has been providing food for 53 people over 65.”*
- The establishment of a Day Center for Elderly People is pending by the Open Society Foundation. The elders themselves are not acquainted with the idea. Nevertheless, they would enthusiastically acclaim it, since as the elders themselves put it, they need entertainment and constant care. This is what they could get in the projected Day Center for Elderly People;
- The paid services provided by the Hospice in the town of Starozagorski bani.

5.3.2. UNSUCCESSFUL PRACTICES OF ASSISTANCE

The analysis of the in-depth interviews points also to a number of assistance practices directed to elderly pensioners of low income that arouse reservations or are negatively evaluated.

Dobrich Region

- The practice of delivering canned cooked food is considered inappropriate: *“people do not want to eat this food”*;
- The distribution of second-hand clothing is *“largely unacceptable because clothes do not fit and do not relevantly answer people’s needs”*;
- Similarly, the cleaning-at-home services are not welcome: though *“it is a compulsory service within the framework of the social patronage, the elderly people do not like someone to get into their homes”* (The MSAS in the town of Dobrich);
- An unsuccessful attempt was made to establish a day room in one of the pensioner’s clubs. In pensioners’ words, they desperately need a club-home where to get together. Pensioners expressed their regret that the idea of the mayoralty had come to naught and insisted the idea to be reconsidered because of its high relevance and appropriateness.

Lovech Region

- The practice of delivering different food packages to pensioners within the same donation action is considered unsuccessful. *“This creates conflicts, on the one hand, among pensioners themselves, and on the other between the distributor and the pensioners”* (The Union of Disabled People in the town of Lovech);
- Pensioners have been neglected because of younger unemployed people who got the distributed aid. The fact made very bad expression on the elderly pensioners. In their opinion the state should take care of weak people who are not able to work (anymore), and to provide the young ones with job opportunities, and not with food packages;
- So far, the experience of the Pensioners’ Consumer Cooperation has also been evaluated in negative terms.

Shoumen Region

- The Hospice is *“well equipped, but it still does not function as a hospice in the proper sense of the word, and provides only clothing”*;
- Some time ago a public canteen functioned and provided the free-lunch service. Currently it does not function anymore.
- The practice of establishment of a specialised store where pensioners could buy some specified items at lower prices is considered useful, but unsuccessful. It appeared that the lower prices notwithstanding, it is difficult for pensioners to do their shopping regularly in that particular store. Consequently, in order to be able to sell the goods, the owner has to make the prices equal to those in the other stores.

Pazardjik Region

- The functioning of the public canteen is considered successful. It has been, however, already closed down, for it worked within the framework of a particular project that expired;
- Humanitarian aid was distributed according to pensioners' permanent address. Because of this, some of the pensioners did not receive it.

Pleven Region

- In two of the interviews it is mentioned that some pensioners who use the social patronage services are not satisfied with the patronage;
- The activity of clothes collection and distribution on the part of the pensioner's clubs is not always considered sufficiently effective.

Stara Zagora Region

- The social assistance of some of the pensioners with low personal income provided by the Municipal Social Assistance Services in the past has *“created certain dissatisfaction among other people who do not belong to that group”*;
- The municipality has developed some plans for the establishment of a specialized store for pensioners and release of a special bus for them, but till the present moment these ideas have not been implemented into practice.

5.3.3. PREFERRED MODELS OF SOCIAL ASSISTANCE:

The analysis of the in-depth interviews reveals that the different regions of the respondents notwithstanding, there is a marked consensus among them regarding the preferred models of social assistance of elderly pensioners of low income (*Appendix 5, 44-48*).

- The **“social patronage at home”** model is vastly favored and considered sufficiently effective. *“In my view one social worker must be attached to each family. The social worker is to take care of all the problems of that family” (the MSAS in the town of Shoumen)*;
- The **“social canteen”** model is also considered a successful practice and is preferred by the great part of the respondents (and especially by men);

- The **“employment of pensioners”** model under which pensioners are engaged with useful activities according to their capacity and qualifications;
- The **“working at home”** model assures pensioners with some means of living and especially to those who live alone and to the disabled persons;
- The **“financial assistance”** model in the form of a lump-sum benefit or regular assistance answers the needs of the most terribly living pensioners of this group;
- The **“pensioner’s day home or center”** model is supported by a considerable part of the pensioners;
- The **“consultation center”** model implies a place where information can be exchanged and special projects developed to address the pensioners;
- The **“rehabilitation center”** model or the **“specialized medical center”** aims at providing assistance and medical care to pensioners;
- The **“free medicine and free medical services at home”** model;
- The **“special medical care”** model focus of disabled people and people suffering from chronic diseases such as diabetes, high blood pressure, etc.
- The model of **“a special pensioner’s one-stop office”** envisages an easier way for pensioners to pay electricity, heating, and water bills, as well as to purchase medicine and food supplies in pharmacies and food stores.
- The models of **“pensioner’s club”** or **“club for disabled people”** conceive, on the one hand, the provision of various services, and on the other, become a locus of pensioners’ social life.
- The model of **“donations”** or **“charity”** for pensioners is deemed good, but of limited coverage;
- Under the **“special project”** model specific needs of this group of pensioners can be studied and answered;
- The **“data base”** model provides for collecting comprehensive information base on pensioners’ capacities, capabilities and qualification.

Preferred models by region

Various ideas on the above listed models were put forward explicitly or implicitly in each of the focus groups. Depending on its priorities, each focus group advanced two or three of the models as very important for the respective settlement.

The similarities among the outlined models notwithstanding, the in-depth interviews and focus groups allow the preferred models for each settlement to be pinpointed.

Dobrich Region

According to the participants in the in-depth interviews the elderly people should be provided with **an opportunity to purchase food at preferential prices**, lower prices for bread for example. Some of the pensioners, especially the more educated ones are embarrassed when they have to personally take their food and prefer the food to be delivered at home. The format of social patronage at home is considered more appropriate. Maximal utility is achieved when the BRC distributes humanitarian aid in the form of food supplies. It is recommended that the activities of the home social patronage be complemented with provision of services for people, who cannot afford to pay for them.

Pensioners from the focus group in the town of Dobrich also support the idea special stores to be opened for pensioners. In their opinion, however, in order not to create opportunities for profiteering and some people not to do shopping *"one per 10 other persons at a time,"* a limit should be established for the amount of food purchased and special shopping cards should be introduced.

Participants in the focus groups have unanimous views regarding the way the humanitarian aid should be distributed. In cases when humanitarian aid is in the form of food supplies, they should be distributed by the BRC. In respondents' view this is the surest way the aid to reach pensioners.

Participants in **the in-depth interviews** have made the following suggestions and proposals: 1) "pensioners' desk" be opened in some of the larger pharmacies where more attention could be paid to elderly people when provided with services; 2) to put in place a book and periodical exchange system; 3) to organize a second-hand market for the retired wishing to sell some furnishings or other items.

Most of the retired did not think they were in position to engage in some form of manufacture. Such work might be more appropriate for the younger pensioners.

"All of us here, who say we're ready to do it, we'll go one day, and then the next day our blood pressure will be too high, the day after that it will be the heart...We're all infirm. Perhaps the younger pensioners could do it." (Pensioner, Dobrich)

Although not welcomed by all **focus group participants**, the alternative of working at home seemed more practicable. At the same time, **according to the in-depth interviews participants**, the retired could also be engaged in cleaning the park areas in town or in mending clothes. Sealing envelopes was a job most people could do, and the retired women who did not have serious eyesight problems were willing to engage in knitting. It might be appropriate to devise some kind of scheme where they could work at home and the hand-made items could then be sold (for example in the Albena resort).

The focus group discussion participants generally welcomed the idea of creating a special radio program devoted to the retired, providing timely information about various new developments and giving them the opportunity to publicly voice their problems.

Lovech Region

The in-depth interview respondents thought it most appropriate to help the elderly in the following ways:

- To set up a public canteen for the people who do not wish to use the services of the home patronage or to stay at the special homes or day centers for the elderly;
- A store could be opened in town selling bread at lower prices;
- The elderly with serious medical conditions could get help with various problems related to home maintenance, personal hygiene, and the supply of food and medications.
- To allocate funds for restoring the clubs in town. The premises and the necessary furnishing and equipment are there, but the municipality cannot afford to undertake the necessary repairs.
- Organizing joint visits to places of interest, to the theater, cinema, and opera, walks and day trips (for example to the Bash Bunar area or the zoo in town).
- Setting up a Day Center where people could engage in their hobbies and favorite pastimes, where meals and special care would be provided, and they would have the possibility to socialize and work with the social workers on various subjects.

The particular characteristics of the way of life in the countryside largely account for the reluctance of the retired **from the rural focus group** to get help directly in their homes. Their lonely and isolated way of life (in most cases without a younger member of the household), the absence of social institutions and organizations in the community, as well as their negative experience to date (people falsely pretending to be from the Red Cross collected money from the retired in the village) have produced intense mistrust of strangers. They quite resolutely rejected the idea of being visited by someone they do not know, whether it is to clean and maintain their home, to talk to them, or to supply foodstuffs or medications.

The pensioners from the group discussion express the opinion that in case BRC should extend humanitarian aid in the form of medications, they need to be distributed by the village doctor or a Red Cross representative. The Municipality should only distribute the aid if a distribution list has been drawn up in advance.

There appeared a general tendency to assign a substantial role to the state. According to the pensioners from the village of Kazachevo (**focus group discussion**), the chief responsibility for the retired falls on the state. To a varying extent, such an attitude was likewise observable among the retired in the other communities surveyed.

Shoumen Region

The in-depth interview respondents made the following recommendations and suggestions:

- To set up a public canteen or furnished kitchen where the retired can prepare their meals themselves. It was definitely believed that it was BRC that should take on the implementation of such a project.
- The idea was approved to open a store with preferential prices for the elderly retired. Such a store had already been created in town but, according to them, since it was privately owned, the prices had come to match market ones. According to the participants, the problem with maintaining lower prices could be solved if the Red

Cross took over the control over the prices of the goods sold in the store and over its operation in general.

- To establish an information center to inform the retired about the types of social services available to them and their cost.
- The elderly could be involved in the making of gifts for children from children's homes. They would appreciate lectures on health-related topics and the opportunity to talk to doctors.
- One of the widely supported ideas was to establish a Day Center for the elderly, with ensured heating and meals, hobby rooms, a rehabilitation center, a doctor's office, and the possibility to organize cultural events.

Regarding health problems, the **retired participants in the group discussion** noted that it would be very helpful to devote more attention to prophylactics and preventive medicine. It was therefore suggested to open a center where the elderly can have their blood pressure measured and undergo regular check-ups, before an illness appears or intensifies.

Another problem stressed **in the group discussion** concerned the payment of the heating and electricity bills. According to the retired, the best way of helping them would be to cover part of their utility expenses, since the social assistance allowances prove insufficient.

There were repeated calls for preferential treatment ("special office dealing with the retired", "special medical care") by the group discussion participants, who proved extremely discontented about the way they are treated by the administration at present.

Pazardjik Region

The in-depth interview respondents widely supported the idea to create a public canteen or kitchen for the retired. It was equally very well received by the retired themselves. The no longer functioning canteens of schools and institutions could be used for the purpose. Those who do not use the services of the home patronage could be included in a project to provide food, possibly not even hot meals, but packages with foodstuffs. Once more there were calls for the creation of a special store for the retired. It was stressed that it would be good to open not one, but several such stores in the different areas of town.

The group discussion participants recommended the setting up of a center for free medical check-ups and blood pressure checks at the Red Cross or elsewhere. Another popular idea was to open a special pharmacy for the retired with lower prices of the medications. Home care was believed to be a highly effective way of improving the quality of medical care and access to it. It could be implemented through the creation of the "social doctor" service. To the retired this implied free home visits and free check-ups.

Another way of assisting the more seriously ill pensioners suggested by **the group discussion participants** in Pazardjik was essentially an extended form of the current home cleaning service provided by the social patronage: there should be someone "*to go and do the cleaning and the washing, to clean the windows*". The money should be provided by the Social Assistance Department.

In-depth interviews participants have made the following suggestions:

- If there are enough funds, it was suggested to organize day trips and excursions for the retired two or three times a year. It was deemed necessary to refurbish the existing pensioner's clubs.

- The barracks that have now been vacated could be used to establish homes for the elderly. They already have the necessary beds, kitchen facilities, surrounding plots of land that can be cultivated.
- Any medication or food distribution should be done at the pensioner's club or at BRC.

Pleven Region

The in-depth interview respondents thought it appropriate to find ways of supplying the retired with foodstuffs at lower prices. These respondents have also made the following ideas:

- There were calls for the establishment of health centers where the retired could have access to various medical services. Each pensioner's club should be supplied with a blood pressure measuring instrument.
- It was deemed feasible to establish contacts with local companies able to secure home-based work for the retired, as well as proper conditions for recreation and cultural life, halls and clubs where they can meet and socialize.
- Approval was generally expressed of the Day Centers for the elderly, providing warmth and food, possibilities to socialize and engage in various activities – knitting, reading newspapers, lectures and talks on health topics: healthy diet, herbal medicine, etc.

As in the other regions, here too, the **group discussion participants** agreed that it was appropriate to create a special store for the retired. At the same time, priority was assigned to the need to help cover the utility bills of the elderly retired, as well as to provide humanitarian aid in the form of staple foodstuffs: oil, rice, beans, lentils, flour. If such aid is extended it should be distributed at the pensioner's clubs. The chief argument stressed in this respect was the fact that the people at the pensioner's clubs know and trust each other, and know best who the most needy are.

In this focus group the participants were most categorical that involving the retired in workshop manufactures was inappropriate. It was further noted that even home-based work would pose difficulties to many of the retired owing to their illnesses and infirmities. Nevertheless, the second option might be practicable, provided that the work is well paid. Here activities such "envelope sealing" were definitely rejected as too low paid.

The retired from Pleven stressed that it was indispensable to preserve the pensioner's clubs. To them it was a vital condition for leading a normal existence.

Stara Zagora

Regarding the pensioners' needs in terms of meals and foodstuffs, the **group discussion participants** thought the public canteens were more appropriate for the towns, while the social patronage, for the villages and smaller communities. It was suggested to take this into account when conceiving programs to assist the retired. The retired could only register with the existing canteen in town for one month, and it was noted that this should be changed, allowing for year-round registration. The elderly could help prepare the meals themselves in such a public kitchen or canteen.

At the same time, most of the **group discussion participants** shared they would rather receive foodstuffs that they would be free to use at home as they see fit. The advantages noted were saving transport costs and the possibility for individual adjustment of the quantity of food prepared.

Both the group discussion participants and the interviewed representatives of various institutions and organizations in town suggested opening neighborhood stores where the retired could buy goods at lower, preferential prices.

According to the **in-depth interview respondents**, it would be helpful to provide services related to the filing of documents, filling of forms, payment of bills, shopping, providing timely information about the social services available in town, etc. The idea was put forward for some kind of work therapy as practiced by the Home for the Mentally Deficient in Lyaskovo, or to make use of the abandoned houses in the villages by turning them into hostels for the elderly, ensuring meals and medical staff to care for them. Such a hostel would give them the opportunity to socialize, would help them make better and meaningful use of their time by engaging in home production and growing produce.

Group discussion participants generally favored the idea of involving the retired in some kind of work, too. A practice that had been implemented a few years earlier in one of the neighborhoods was deemed appropriate: every morning, one of the foundations (*“the Mayor’s foundation”*) brought together the elderly women to clean the neighborhood. They were remunerated either in cash or in kind, with staple foods and basic necessities such as sugar, oil, toilet paper, soap, rice.

It was suggested **by the in-depth interviews participants** to set up Social Service Offices in Stara Zagora where the retired could get assistance with activities with which they are unable to cope on their own due to their advanced age. These offices could also handle medication-related problems: to seek out those in need, collect information about them, to involve the local doctor who can provide advice or perform certain medical manipulations.

The existing pensioner’s clubs were highly appreciated. It was therefore recommended by the retired participants in **the group discussion** to set up such a club in each of the neighborhoods. It would have a positive impact in terms of improving the social life of the retired who presently do not have the possibility to join such organizations.

In connection with the impeded mobility of the retired, particularly in the winter, the following services were recommended **in the in-depth interviews**: accompanying the elderly retired to various locations and doing the shopping for them.

5.4. *COMMUNITY’S RESOURCES AND ROLE IN FULFILLING PENSIONERS’ NEEDS*

Regardless of their region, the respondents of the in-depth interviews unequivocally share the opinion that the responsibilities and labors pertinent to the assistance of elderly pensioners of low income should be redistributed to involve a considerably wider range of social and economic institutions. Apart from the municipal social assistance services and respective central institutions, representatives of the non-governmental sector, local businesses, as well as private persons should become increasingly involved in the assistance to pensioners. Certain local particularities notwithstanding, all communities’ capacity and resources for assistance of pensioners are considered satisfactory, though at present insufficiently utilized (*Appendix 5, 49-53*).

Dobrich Region

The predominant view among the respondents **of the in-depth interviews** from this region is that the major burden for pensioners' assistance lies on the Municipal Social Assistance Service, while the BRC is the only organization that regularly supplement the MSAS activities. The private business is considered the weakest link in the net of institutions. Despite the fact that *"there are some big companies and producers in the region, they do not respond and would not respond to call for assistance unless they get certain tax relief or other preferences"* (the MSAS in the town of Dobrich). Nevertheless, there do exist companies and individual donors who have helped the elderly in one way or another: Nutex company has donated foods and bed linen to the home for the elderly; Dr. Tsvetanov from Tervel, who organized a dinner for the people from the same home on the occasion of New Year's Eve. Large sponsors in town include the Water Supply Company, Ekostroy, Poultry Farm-Donchevo village. Other donors include the Pasta Factory, donating pasta products, Dobrudja Bread, aiding the canteens, Salimex company, as well as the company EVA & LILA, which offers home-based paid work opportunities for the retired.

There appeared also the idea a public council to be established with the participation of various institutions and organizations. The council would oversee and control all the activities related to the assistance of pensioners. Such an organization could raise funds with which to extend the services for elderly people – for instance, covering stays at rehabilitation, physiotherapy and treatment centers, etc.

The farming cooperatives in the villages of the region could contribute to aiding the retired and occasionally do, but their resources are limited. The local radio could be involved by starting a radio program on the problems of the retired and the disabled in the municipality, and the pensioners could propose ideas themselves about how their lives could be improved.

The Municipality could contribute by providing a building to host a day center for the elderly and some kind of transport for the retired.

The non-governmental organizations in the municipality, which are concerned with the problems of the disabled and considered likely to join the BRC program are: Nadezhda Association, Nov Zhivot, the Association of the Disabled. Rotary Club is the chief NGO providing services and aid to the retired and can be expected to continue do so in the future. The Social Development Club, the Organization of the Unseeing, the European Club are organizations that also assist the elderly. Lion's Club provides material assistance, organizes celebrations, and offers legal services.

The Union of the Disabled could help implement the ideas of BRC through its specialists – a jurist, psychologist, doctor, or volunteers.

The Director of the INA Medical Center declared their readiness to participate in joint programs and ensure highly qualified specialists to visit the patients in town and in the villages of the region and to perform monthly check-ups. Medical equipment, ambulances, medications and supplies could also be provided to the health services in the more disadvantaged regions.

The BRC project could also enlist the participation of volunteers – students from the local branch of Veliko Turnovo University.

The focus group from the town of Dobrich completes the above picture. According to group participants, part from the Municipal Social Assistance Service there is practically no institution or organization that care how pensioners live. Two or three years ago 'a foundation' (the focus group participants could not recall its name) offered to pensioners to deliver them food supplies and bars of soap in exchange for their work in cleaning the neighborhood. Some of the pensioners agreed and did receive food supplies or their monetary

equivalent of 5 Leva in that case. That was, however, the only example of some care for pensioners of the part of the local community.

Lovech Region

According to the in-depth interviews in the region of Lovech the Municipal Social Assistance Service provides information, experts, premises, organization support and logistics, and transportation of pensioners when necessary. A practice has been established of monthly discussions of non-governmental organizations and the municipality on various problems of pensioners. The activities of the Club of Disabled People are evaluated as significant; the level of pensioner's club material basis is good enough to sustain the communal life essential for the pensioners. Similarly to all other regions here the particular standing of the private businesses is also pointed out, the implication being that the business should get tax relieves in order to get involve in assistance initiatives.

Although a large number of the enterprises in Lovech are not operating, there are still some members of the business community that have occasionally contributed to aiding the retired: Litex, Genimex, Ditemex, and Lovech-Avtotransport, which provides free-of-charge transportation for the retired in the territory of Lovech District.

Here too, it was suggested for BRC to initiate the building of a network of partner organizations under this project, which are to work collectively in order to ensure the sustainability of the initiative.

The civic organizations could provide volunteers to visit the elderly on a daily basis, to make their lives more meaningful, and take on certain errands. Those cited include the Women's Democratic Union, Blagodetelka women's society with the Bulgarian Women's Union, the school boards, through student participation, the Youth BRC, the Doctors' Union. Znanie Association would readily provide various educational services – training and lectures related to the health of the elderly, organizing special training events for people suffering from specific disorders – hypertension, diabetes, or disabilities, for example.

The business community is more likely to join a program to assist the retired if asked for in-kind contribution (those cited include the bread-making factory, the cannery, and other enterprises from the food-processing and textile industries – for ex. Nora Company).

The local paper could ensure coverage of the efforts made and inform people where and what aid they may receive; help find people in need of help or organizations able to help; provide free advertising space to the businesses committed to assisting the retired under the BRC program.

Regarding the people in the village of Kazichevo in Lovech region (**focus group discussion**), it should be said that the village hardly gets anything. The pensioners tell that there is no one to take care of them. The only thing done by the municipality was the assistance with firewood, but *“it is too costly”* and *“we can't afford it.”* As for the local club, the situation there is disastrous and the club could only be used for a “chattering room,” but nothing more serious. The local medical specialist, in whom participants demonstrated extremely high trust, could be most helpful in aid distribution.

Shoumen Region

The in-depth interviews respondents from the region of Shoumen share the opinion that state and municipal institutions are the main institutions that take care of pensioners and

disabled people. It is mentioned for this region particularly that the involvement of non-governmental organizations and local businesses is insufficient. Among the organizations that are actively involved, the respondents especially emphasize the role of the Pensioners' Union and the Union of Disabled People, the BRC and the (Orthodox) Church. Because of the underdeveloped civil society, however, mostly state institutions are engaged in assistance of pensioners.

According to the results of the focus group discussion, pensioners are also aware of the latter fact to some extent. When asked about whom they should expect to take care of them, they point to the state. They do not rely to anyone else and are convinced that it is mainly the state institutions, which should provide services to elderly people.

Other resources mentioned in the in-depth interviews are:

- The local companies that have contributed in the past and are believed likely to respond again are: Ann & Co, Fikosota, Ivet, Zara, Shoumensko Pivo, and Forestry Farm.
- Students majoring in Social Pedagogy, the trainees at the Medical College, as well as members of the Youth BRC - they could be recruited as volunteers under the project.
- The BRC - it is the other institution that gained prestige and is considered as a reliable source of assistance and protection in case of need.

Pazardjik Region

Here also the **in-depth interviews** respondents highlight the need of a more encompassing and enhanced cooperation among the state institutions, local authorities, and non-governmental organizations. The role of the BRC is particularly emphasized as the leading non-governmental organization in the field. In this region also, at the moment of conducting the present survey, the local business has not been actively involved in the assistance of pensioners of low incomes. The predominant opinion again is that in order to be more involved the business should get some tax relieves.

The Board of the Mosque in town would agree to work with BRC on the problems of the retired, and so would the two active local Roma organizations – Napredak and Budeshte. The NGOs could volunteer time and labor in a BRC campaign. The organizations cited as examples include Suvest Association, Znanie Association, Novo Nachalo Foundation, the Women's Society from the town of Pazardjik, Regional Small and Medium-Sized Business Center, the culture house boards, Podkrepa Labor Confederation. High-school students could also be involved under this project through a regular home visit scheme. The media could promote the initiatives targeted at the retired.

The Fulgaritano Foundation in Pazardjik was considered particularly active. A large part of those interviewed cited it as a potential resource in support of the BRC project concerning the elderly retired with low incomes. Such readiness for cooperation was also declared by the Chair of the Foundation.

The businesses likely to respond to requests for assistance under the program are Trakia Papir PLC – Pazardjik, Filikon – Plovdiv, Maris Ltd. – Chernogorovo village.

The expressed positive views on the BRC activities are unequivocally confirmed by the pensioners themselves. **In the focus groups** pensioners shared their satisfaction by the way the Red Cross organizes its activities. The BRC delivers food, clothing, and thus draws large groups of pensioners. The problem is that there are so many people who want to receive something that *“in such instances it is as if there is a rally”* in front of the BRC building.

Pleven Region

In the **in-depth interviews respondents'** opinion institutions and organizations should compose an encompassing network so that to join their efforts in assisting elderly pensioners of low income. The following organizations are mentioned: the regional governance, the municipality, the MSAS, the Labor Office, the National Social Security Institute, the Health Insurance Fund, the BRC, the 'Open Society' Foundation, as well as representatives of the local businesses. It is emphasized that a number of non-governmental organizations have incorporated in their statutes and programs the assistance of disabled and elderly people of low income.

The organizations that have assisted the retired are the Women's Union, Gabriele Company, two dress-making workshops in town, the bread factory, which is a supplier of the Social Patronage Service. Those cited as potential partners are the Health for All Association, and its branches across the country, the Healthcare Association, and the Union of the Retired and the Disabled.

It was suggested for the Municipality and the District Administration to join the project by providing office space; and the MSAS, with consultations and experts, as well as covering supply costs. The Rotary Club regularly makes donations for various target groups and is among the chief resources that can be depended on in the town.

An important contribution in terms of meeting the cultural needs of the retired is made by the local theater, which has been offering discount tickets, as well as the Officer's Club, which has made its premises available free-of-charge for official events and celebrations organized by the Union of the Disabled.

The Regional Social Security Department can join the project developed by BRC by providing information, technical assistance, and by helping coordinate the efforts.

In the town of Pleven, however, **the participants in the focus group discussion** do not estimate as particularly successful the BRC activities. It is known where the BRC office is, but there is nothing more about it. *"Still they regularly collect the membership dues. ... We do participate in their children actions and the activities related to old people's homes, but nothing is done for us."*

Stara Zagora Region

The respondents of in-depth interviews in Stara Zagora also point out that mostly the Municipal Social Assistance Services and its social patronage at home that provide services to pensioners of low income. It was suggested for BRC to seek assistance from the Municipal Social Assistance Service in drawing up the list of people in need of aid. The Municipal Social Assistance Service is able to provide most exhaustive and reliable information and they are the institution to which companies and NGOs typically turn in connection with projects connected with assistance for the needy. The municipal councils could be involved in aid distribution. The important role of the BRC is also emphasized in regards to the humanitarian actions and its many year experience in similar activities. An opinion prevails that some non-governmental organizations and business representatives contribute to the process of assistance. Generally, however, they do not exhibit a lasting interest in assisting elderly pensioners of low incomes. The local women's organizations and unions could contribute by volunteering labor. Volunteers could equally be recruited among the retired themselves. The important role was stressed of Open Society and its programs in support of

the retired in town. Through these programs, foodstuffs and meals were provided over a period of 6-7 months. The local business representatives who have been making donations are mainly producers and volunteers: Mitko Dinev, Geya Company (bread producer), Belina Company (sausage and cold cuts producer), Mori Company (confectionery products).

The Chair of Probuda Society expressed readiness to participate and assist the BRC program. She further noted that very little use is being made of NGO resources and capability and stressed the need for coordination among the local NGOs.

The National Social Security Institute and its subdivision, Regional Social Security Department, are able to assist BRC and more specifically, local BRC structures in their work with the elderly retired, in two respects:

- BRC could use the data base of NII, and RSSD, respectively;
- NII could process the information submitted by BRC by indicators and criteria suggested by BRC, and thus actually maintain a system for assistance to the elderly. This idea needs to be legally endorsed by including BRC in the list of institutions entitled to receive information from NII.

The Municipality could provide office space, as it has under the Open Society project.

The representative of the Rotary Club in Stara Zagora expressed readiness to participate in a future BRC program on the problems of the elderly retired with low incomes. Rotary Club could arrange meetings on the problems of the retired at which to share and discuss ideas and proposals for assistance to the elderly. The BRC program is likely to be far more successful if the involvement is ensured of the Municipality, other non-governmental organizations, and the Church.

Building on all the opinions, the general conclusion may be drawn that the state should continue to purposefully perform its functions in this sphere, and non-governmental organizations have the necessary resources and could compliment state's activities. In all cases, a better coordination and enhanced partnership among various organizations is a must if this work is to become more efficient. The BRC, among all organizations, is assigned the key role. It is also necessary that the private business is given a number of tax relieves for this is the only way its representatives to become actively involved in activities for assistance of elderly people of low income.

6. RECOMMENDATIONS FOR IMPLEMENTATION OF FUTURE PROGRAMS ORIENTED TOWARDS ELDERLY PENSIONERS WITH LOW INCOMES

6.1. RECOMMENDATIONS TO THE BULGARIAN RED CROSS AND OTHER HUMANITARIAN ORGANIZATIONS

The most frequent recommendations to the Bulgarian Red Cross and the other humanitarian organizations are linked with the support of the elderly with food products and providing help at home.

With regard to food products, the recommendations are linked with several basic things:

- The food products have to be of good quality and fit for consumption

- They have to be distributed in the homes by a social worker, something which will not only help the elderly who are unable to go outside their home, but will also reduce the queues for aids;
- A frequent recommendation is to regularly distribute free food products among poor pensioners (for example every month), and to also have soup kitchens open on Saturdays and Sundays;
- To distribute not only canned food, but also fresh fruit and vegetables, vitamins, etc.

The group discussion participants made the following recommendations in connection with the supply of foodstuffs:

- When extending humanitarian aid in the form of foodstuffs priority should be given to staple foods – oil, rice, instant soups, vacuum packaged cheese, and others, avoiding the distribution of processed canned food and produce grown in the respective region. It was recommended to pay special attention to the needs of those suffering from diabetes and to provide special diet foods to the retired, appropriate to their particular medical condition.

Other recommendations made by the **retired** in the course of the qualitative survey:

- To distinguish between the major and most serious medical condition and the “secondary” disorders of the retired. When offering medical assistance, to provide not only for medications for the most typical disorders, but likewise for medications and aids for the principal medical condition of individual pensioners.
- To work out a differentiated approach when supplying services to the elderly retired. Depending on their preferences, it should be possible for the retired to access those services both directly in their homes and elsewhere. When providing services such as house-cleaning to work out a scheme for more frequent visits to the homes of the disabled and the gravely ill, for example two or three times more often.
- If it is decided to open stores for the retired, a special system should be put in place to avoid misuse – for instance, issuing special shopping cards and setting product quantity limitations.
- The aid should be distributed by BRC or the pensioner’s clubs, and not by the Municipal Social Assistance Service or other municipal agencies.

Besides food, the respondents of the **quantitative survey** mention their need for clothes and shoes, especially winter clothing and footwear, which they cannot afford to buy themselves.

It is also important for the studied elderly pensioners to receive non-material help, especially for many old and ill people – for example, help in filling out and submitting documents for certification of disability, providing medical aid at home or other activities which would be useful for very old and immobile people.

The most important recommendations made by the participants of the **in-depth interviews** to the future activities of the BRC divided according to the different surveyed regions are as follows:

Dobrich Region

- Regarding the distribution of medicines, the BRC should first study the pensioners' needs, as well as their GP's opinion, *"and not to send parcels and deliver medicines to everyone no matter of his/her diseases. It is also necessary that requests for particular medicines to be sent to the BRC"* (The MSAS in the town of Dobrich).
- BRC could take on the house-cleaning service provided to the elderly because *"it enjoys an excellent reputation and people would trust its representatives"* (The MSAS in the town of Dobrich).
- The BRC could involve its associates in the "cleaning at home" assistance to elderly people, because the Red Cross *"has the authority and people would trust its representatives"* (the MSAS in the town of Dobrich).
- The BRC should keep on providing and further enhancing the humanitarian aid for the social patronage, since the aid lowers the price of food and thus makes it bearable for pensioners.
- When providing assistance benefits in the form of food the BRC should opt for delivering only some basic alimentary products (such as bottles of cooking oil, packages of rice and instant soup, and vacuumed cheese, etc.) but *"to refrain from delivering cooked canned food and products that are grown in the region"* (The MSAS in the town of Dobrich).
- The BRC could address local companies and businesspersons and ask them for assistance in the provision of financial resources and repair activities in the old people's and disabled people's homes.
- In the town of Dobrich in particular, the Red Cross could involve volunteers from among the pensioners themselves.
- The activities of the social patronage should cover also pensioners who cannot pay the costs of the service.

Lovech Region

- When programs are devised for the assistance of pensioners of low income and especially of disabled people, it should be taken into account *"their particular psychological state. The activities should not damage the prestige and self-esteem of the elderly person"* (The Union of Disabled People in the town of Lovech).
- The BRC should become the main initiator for the establishment of a coalition of organizations, which could jointly support the elderly people. *"If I were at the BRC's place one of the things I would do is to launch a communication with companies that produce dairy products (milk and cheese) or meat products, etc. I believe, provided there is a good will, one can always make a deal for humanitarian activities. Separate stores could take the initiative and introduce preferential prices"* (A businessperson from the town of Lovech).
- The BRC should provide a special assistance to the Old People's Home in the town of Lovech with the objective to improve the living standards and conditions of life there.

Shoumen Region

- The BRC and the Municipal Social Assistance Services should launch joint initiatives and common activities in the town of Shoumen.
- The Red Cross should intensify its contacts and cooperation with the Youth Red Cross in the town of Shoumen. *“The adults should pay more attention to the Youth Red Cross and not merely during actions. They should solve their internal problems and then turn to us” (the Youth Red Cross in the town of Shoumen).*
- A special program should be elaborated for the assistance of the disabled people in the region. *“I would appreciate if a joint program is elaborated that would aim at the socialization of the disabled persons” (The Union of Disabled People in the town of Shoumen).*
- The need for sustainability and long-term effectiveness of those programs is emphasized. *“The programs should not end up with the accomplishment of the pilot projects. The activities should continue for at least two or three years. This would make clear the positive and negative aspects of the program” (The Home for Elderly People with Mental Disabilities in the town of Shoumen).*
- Socially vulnerable pensioners in the town of Shoumen should be provided with free tickets for sanitariums and rehabilitation centers.

Pazardjik Region

- The BRC should enhance its activity in the region and provide special assistance to precisely this category of pensioners. *“As an organization the BRC should open up a bit to the problems of these people. It is extremely important how these people will be registered and what will be the selection criteria” (a journalist from the town of Pazardjik).*
- The BRC should broaden its media policy and *“get in touch with the media, launch some broadcasts, established some cooperation on a regular basis. The Red Cross merely must have half an hour weekly or monthly media time” (a journalist from the town of Pazardjik).*
- The BRC should expand its contacts with the respective branch organizations and the two trade unions in the region.
- The representative of “Fulgaritano” Foundation mentions that they have had the idea of establishing a medical clinic for socially vulnerable people. They envisaged the BRC to provide the medical supplies and utilities, and “Fulgaritano” to take care of the medical specialists.
- The BRC should establish in the town of Pazardjik a health-care room where pensioners can have their blood pressure measured free of charge.

Pleven Region

- A closer cooperation is recommended between the RC and the other organizations and institutions.
- The medical control over the medicines provided by the BRC should be strengthened, because *“it happened several times medicines of almost expired validity were distributed” (the MSAS in the town of Pleven).*

- The humanitarian aid should be distributed by the BRC, and not by the Pleven municipality. On this issue, the pensioners' opinion is different. Pensioners believe that the pensioner's clubs should distribute humanitarian aid, because this is the way to assure that the aid would reach the targeted people.
- It is emphasized that the most important problem is that of provision of medical care of pensioners of low income. Because of this, the BRC should concentrate its efforts in the direction of improving pensioners' health.
- The BRC should assure financial resources for a greater number of social activities in the town of Pleven.

Stara Zagora Region

- The BRC should make a more serious usage of the capacity of the non-governmental organizations in Stara Zagora region and the opportunities they provide.
- A thorough study should be conducted among pensioners of low income in the region on the type of assistance they need and the ways they are provided with them. *"If some information is available on how many people will be assisted, it is not a bad idea to conduct a study on how exactly each person would like to be assisted" (the MSAS in the town of Stara Zagora).*
- The BRC is recommended to *"change its statute and to become an economic entity so that to be able also to conduct economic activities and to make a profit, and not merely to distribute aid" (a journalist in the town of Stara Zagora).*

The recommendations for improving contacts between pensioners are linked mainly with the organization of free excursions, outings and events, which they would find it difficult to organize alone. An important aspect of the social contacts of the elderly is the possibility to attend various thematic lectures, to watch and discuss films, to visit collective gatherings. In this connection all that might contribute to the realization of such activities is regarded as a necessary and useful assistance.

6.2. PROPOSALS AND RECOMMENDATIONS TO STATE INSTITUTIONS

The recommendations to the state institutions are linked not only with the situation of the elderly, but also with the problems of the young, unemployed, indigent, the Roma, young widowed mothers and children. The grave social situation reflects particularly sharply on pensioners, who feel threatened by crimes, "humiliated", "forced to beg and to rummage in garbage cans".

The measures, proposed by the **respondents of the in-depth interviews** for improving living conditions and providing the currently most needed support, include:

- Real increase of the pensions or income support of pensioners in the form of food, free medicines, different ways to facilitate the elderly –abolishing consumer fees in the polyclinics, free hospital treatment, preferences in paying taxes, etc.;
- Besides providing concrete, material help, finding mechanisms to support the elderly indirectly – to reconstruct empty co-operatives and state buildings into shelters for the poor, homeless and old people, to provide cheaper meals on wheels, to introduce soup

kitchen discounts for low-income spouses, to introduce medical patronage, to lift the ceiling for energy assistance and free medicines, to provide farmland to physically healthy pensioners, to open more old people's homes, to provide nurses for bedridden people who are unable to go to their general practitioner;

- A frequent recommendation is to better control the granting of social support in order to prevent embezzlements and frauds.

The most frequent requirements to the state institutions are related to the improvement of social policy, the increase of incomes and pensions and the standard of living as a whole.